



# Urgent Care

Owner Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age(est. is fine) \_\_\_\_\_ Weight(est. is fine) \_\_\_\_\_

Reason we are seeing your pet today? \*Must be completed\*

\_\_\_\_\_  
\_\_\_\_\_

When did these symptoms begin? \_\_\_\_\_

Have you tried anything at home to treat the issue? \_\_\_\_\_

Has your pet been exposed to anything new lately? (New toy, medication, food, got into trash for example)  
\_\_\_\_\_

Have you noticed any behavior changes? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_ What do you feed your pet? \_\_\_\_\_

Is your pet drinking water? \_\_\_\_\_

Is your pet vomiting or does your pet have diarrhea? If so, for how long and what does it look like?  
\_\_\_\_\_

Please list all medications and supplements your pet is currently on, and when did your pet last have his/her last dose?  
(Including flea/heartworm prevention) \_\_\_\_\_

Has your pet been here before? If not, who is your previous vet, and do we have your permission to contact them for history? \_\_\_\_\_

Do we have permission to do bloodwork and/or X-rays if the Doctor feels it is necessary? \_\_\_\_\_

Do we have permission to treat your pet today based on the findings? Or would you prefer a call first with an estimate of costs for treatment?  
\_\_\_\_\_

**I am the owner/agent of the pet listed above and authorize an exam for my pet. I understand that payment is due for services when pet is discharged.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What telephone number can you be reached at today?** \_\_\_\_\_