Urgent Care Form

Owner Name:_____

Pet's Name: _____Sex: _____Neuter Status: ____ Age(est. is fine)_____Weight(est. is fine)_____

What is the reason we are seeing your pet today? *Must be completed*

_____

_____

_____

When did these symptoms begin? _____

What have you tried anything at home to treat the issue? _____

What kind of lifestyle does your pet have? Check all that apply: □ Indoor (>50% of the day) □Outdoor (>50% of the day) □Boarding/Daycare □Grooming □Camping □Travel □Hunting

Has your pet been exposed to anything new lately? For example, new food or treats, new environment, chewed up toys, gotten into the trash, etc. □No □Yes – please explain_____

_____

Have you noticed any behavior changes? For example, laying around more than normal, not greeting family members, not playing with toys, more fearful/anxious in their normal environment □No □Yes – please explain

_____

What brand of food does your pet eat?_____
What type of food? (dry or canned)_____
How many meals per day? _____
How much food per meal?_____ Is your pet drinking water? □No □Yes

Does your pet experience □ vomiting and/or □ diarrhea
□No □Yes – please explain how often, how much, consistency

_____

Have you noticed changes in elimination? For example, accidents in the house, asking to go outside more often, frequent urine or stools, changes in volume, consistency, or color of urine or stool (for example, urine is red or stool is black)?
□No
□Yes – please explain_____

Have you noticed any respiratory changes? For example, coughing, persistent sneezing, drainage from the eyes or nose
□No

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□Yes – please explain_____

Have you noticed any changes to skin/ haircoat/ears? For example, lump/bumps on the skin, scabs or sores, hairloss, shaking the head, redness, odor
□No □Yes – Please explain _____

What changes or concern do you have about mobility/pain? For example, stiff/slow movement in the morning or when getting up, restlessness at night, panting
□No Changes
□Some changes noted– please explain_____

Please list all medications and supplements your pet is currently on, and when the last dose was given?
_____
What heartworm preventative is your pet on and when is it given?_____□None

What flea/tick preventative is your pet on and when is it given? _____□None

Has your pet been to another veterinary office? □No □Yes- Please indicate what office: _____
Do we have permission to contact them for previous medical history? □No □Yes
Diagnostic testing gives us answers as to your pet's overall health.
Do we have permission to run bloodwork today in order to obtain a diagnosis to treat your pet? □No □Yes
Do we have permission to take radiographs today in order to obtain a diagnosis to treat your pet? □No □Yes

Do we have permission to treat your pet today based on the findings? □No □Yes If you would prefer a call first with treatment plan and an estimate of cost of treatment, please indicate here □

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? _____

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