Wayne Veterinary Hospital PA

Exam/Appointment Information

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible please take a minute to fill out this form completely. Thank you!

Owner: _____ Date: _____

Email: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Pet's Name: _____ Birth Date: _____ □ Dog □ Cat Other: _____

Breed: _____ Color: _____ Unusual or Identifying markings: _____

□ Male □ Neutered □ Female □ Spayed

What is the reason for your visit today and when did the symptoms first start? _____

Vaccination History (date and type of last vaccinations) _____

Please check (√) any symptoms or problems that you have noticed about your pet.

☐ Behavioral Problems	☐ Bleeding Gums	☐ Breathing Problems	☐ Coughing
☐ Diarrhea	☐ Eye Bulging/Bloodshot	☐ Gagging	☐ Lack of Appetite
☐ Limping	☐ Loss of Balance	☐ Scooting	☐ Scratching
☐ Seems Depressed	☐ Shaking Head	☐ Sneezing	☐ Changes in Urination and Thirst Frequency
☐ Vomiting	☐ Weakness	☐ Other: _____	

Has your pet been exposed to toxins or other unusual items that could be consumed? If so, please explain.

_____

Pet's Current Medications: _____

Describe your pet's diet (what type of food does your pet eat?)_____

Has your pet been treated or vaccinated at another Veterinary Clinic or Hospital since last seen here? ☐ Yes ☐ No

If yes or never seen here, please fill in below.

Clinic/Hospital name: _____ Dr. Name (if known)_____

When is the last time your pet has been to: The Groomers _____ The Shelter _____ A Boarding Facility _____

Authorization

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and that a deposit may be required for surgical or major treatment.

Signature of Owner: _____ Date:_____