

Richfield Animal Medical Center

Pet Information

Date _____

Name of pet _____ Dog Cat Other _____

Breed _____ Coloring _____ Birthdate _____

Male Neutered Female Spayed

Vaccination history _____

Reason for visit today _____

Please indicate below any symptoms or problems you may have noticed recently about your pet or that your pet has experienced in the past.

- | | | |
|---|---|--|
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Increased Thirst |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Increased Urination |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other _____ |

If any conditions are indicated above, please explain.

Pet's current medications: _____

Describe your pet's diet: _____

Thank you for choosing Richfield Animal Medical Center as your pet's veterinary health care provider.

We appreciate and respect your trust and confidence. We provide comprehensive state of the art veterinary services to our patients. We make our patients and their families our principal focus and concern.

We maintain a leading edge in veterinary medicine and foster excellence in animal care.

We look forward to building a strong, supportive relationship with our patients and their loving families.

Dr. Jeffrey Fogle and the Richfield Animal Medical Center staff.