



1114 South Main Street
Salinas, California 93901

Phone: 831-394-1805
Fax: 831-757-8723
animalhospitalofsalinas.com

Al Chan, DVM, MS
Rachel Sage, DVM
David Stroschine, DVM

OFFICE USE ONLY	
Client ID#	_____
Client Name:	_____
Patient Name:	_____

To help us provide the best care possible for your pet, please complete the following:

Date: _____

Why are you bringing your pet in for an exam today? Please explain symptoms observed and how long you have been seeing them.

Since you first noticed the symptoms, has your pet gotten: Better Worse The same

Is your pet currently on medications? No Yes- what type(s) and dosage? _____

was the last dose given? _____ _____ When

Is your pet on a flea/tick preventative? No Yes- Name? _____ Last given? _____

Do you keep your pet: Indoors Outdoors Both

What type & brand of food do you currently feed your pet? _____

How often? _____ How much? _____ Last time fed? _____

Does your pet eat anything other than regular pet food? (such as human food) No Yes- explain _____

Has your pet lost or gained weight recently?	Decreased	Stayed the same	Increased
Has your pet's appetite changed lately?	Decreased	Stayed the same	Increased
Has your pet's water intake changed?	Decreased	Stayed the same	Increased
Has your pet's bowel movements changed?	Decreased	Stayed the same	Increased
Has your pet's activity level changed?	Decreased	Stayed the same	Increased
Has your pet had any of the following?	Coughing	Sneezing	Vomiting Diarrhea

Treatment Authorization

I hereby authorize the Animal Hospital of Salinas to perform a medical exam and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. If medically necessary, sedation and or pain medication will be provided. I understand my pet must be free of all external parasites or the Animal Hospital of Salinas will administer appropriate medication to treat the parasites and I will be charged accordingly. I understand that I can terminate treatment at any time by contacting the doctors and/or assistants.

Owner/Authorizing Signature Contact Person Today's Contact Phone #

Financial Policy

Payment is due the day of services rendered upon discharge from the hospital. If payment arrangements are needed, the undersigned must enter into an agreement with the Animal Hospital of Salinas prior to the admission of the patient. For hospitalized/admitted cases, a deposit may be required in advance with the balance due at the time of discharge.

_____ Initial