

Shiloh

Veterinary Hospital

Patient ID: _____

Requested pick up time: _____

Client Name: _____

Weight: _____

Patient Name: _____

In an effort to provide the best care we ask that you take a moment to complete the following form prior to leaving your pet. Please provide a brief history of the reason your pet is here, including the symptoms and length of time problems have persisted.

What is the primary reason we are seeing your pet today?

When did you first notice this issue? _____

Are we still eating and drinking normally? YES NO

If no please indicate changes:

Are we urinating and defecating normally? YES NO

If no please indicate changes:

Have you noticed any of the following symptoms occurring with your pet:

Coughing YES NO

Sneezing YES NO

Vomiting YES NO

Diarrhea YES NO

Please list any medications your pet is currently on including any heartworm or flea medication:

By dropping off your pet you agree to a **physical exam** by a Doctor. **There is also a drop-off fee of \$9.50.** Please check below for permission for any additional treatment.

____ I authorize any treatment needed for the problems stated above.

____ I wish to be called prior to any treatment of the problems stated above.

Phone numbers required for Drop-off

(____) _____ Or (____) _____

Signature _____ Date _____