



Working Together To Help Pets

Appointment Information Form

Client's Name: _____ Pet's Name: _____

Best phone number where you can be reached today: _____

Please provide any information that might have changed (address, phone number, etc.) :

What is your pet in for today? : _____

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

How much food do you feed and how often? _____

Does your pet receive any other food, (treats, chews, etc.)? _____

Is your pet on any medications (including over the counter)? _____

***** If you answer NO to any of the following questions, please provide information as to what has changed *****

Is your pet eating & drinking normally? Yes No _____

Is your pet acting normally? Yes No _____

Is your pet urinating normally? Yes No _____

Has your pet been coughing or sneezing? Yes No _____

Has your pet had any vomiting or diarrhea? Yes No _____

Are there any concerns that you have for your pet at this time? _____

How much time does your pet spend indoor/outdoor? _____% indoor / _____% outdoor

We do our best to promote a Fear Free environment and try to win our patients over with treats and affection. In some cases, this doesn't work, and it is determined that a muzzle is in the best interest of everyone involved. If absolutely necessary, do you consent the use of a muzzle on your pet? YES _____ NO _____

Once the doctor has performed an exam, a staff member will give you a call to discuss their findings and to provide you with an estimate. We have also included a credit card authorization form, if you would like to fill it out for an easier checkout at the end of the visit.

Signature: _____ Printed: _____ Date: _____