



Wayne Veterinary Hospital PA



Exam 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: _____

Pet's Name: _____ Dog Cat Other: _____

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

Has your pet ever had this issue before? Yes No If yes please tell us when: _____

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weakness | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Bleeding Gums |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Discharge from Eyes/Nose | <input type="checkbox"/> Difficulty Eating/Chewing |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Limping | <input type="checkbox"/> Coughing/Gagging | <input type="checkbox"/> Changes in Bowel Movements |
| <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Changes in Urination |
| <input type="checkbox"/> Drinking More/Less | <input type="checkbox"/> Scratching | <input type="checkbox"/> Scooting | <input type="checkbox"/> Other: _____ |

Has your pet been exposed to toxins or other unusual items that could be consumed? Yes No

If yes please explain: _____

Does your pet eat items that are not edible? Yes No

If yes please explain: _____

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

If yes please fill in Clinic/Hospital name: _____

Is your pet taking any medications or supplements not prescribed by Wayne Veterinary Hospital? Yes No

If yes please all medications and supplements: _____

What brand of food does your pet eat? _____ Does your pet eat "human food"? Yes No

Would you like to speak to your Veterinarian about your pet's diet today? Yes No

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

Has any of your personal information changed? Phone numbers? Address? Yes No

If yes please let us know what has changed: _____

Preferred Contact #: _____

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: _____