Wayne Veterinary Hospital PA

New Patient 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: _____ Birth Date: _____ □ Dog □ Cat Other: _____

Breed: _____ Color: _____ Unusual or Identifying markings: _____

□ Male □ Neutered □ Female □ Spayed

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.

☐ Vomiting	☐ Weakness	☐ Breathing Problems	☐ Bleeding Gums
☐ Diarrhea	☐ Loss of Balance	☐ Discharge from Eyes/Nose	☐ Difficulty Eating/Chewing
☐ Depression	☐ Limping	☐ Coughing/Gagging	☐ Changes in Bowel Movements
☐ Lack of Appetite	☐ Shaking Head	☐ Sneezing	☐ Changes in Urination
☐ Drinking More/Less	☐ Scratching	☐ Scooting	☐ 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? ☐ Yes ☐ No

If yes please list Clinic(s) or Hospital(s): _____

Has your pet been prescribed any medications or supplements at another Veterinary Clinic or Hospital? ☐ Yes ☐ No

If yes please list 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 _____

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:_____