

# OHIO PET VETS



***We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer, please fill out this form completely.***

Date:     /     /

Owner's Name:

Address:

City:

Zip:

Phone:

Cell:

Work:

E-mail:

Emergency Contact: Name:

Phone:

How did you hear about us? Referred by:

Location (drove by):

Internet: Website:

Facebook:

Advertising:

Yellow Pages:

## PET HEALTH HISTORY:

Pet Name:

D.O.B:     /     /

Species:

Breed:

Color:

Sex: Male

Female

Neutered / Spayed: Yes

No

Current medications your pet is taking:

Primary reason for visit:

Symptoms your pet is demonstrating:

Appetite loss

Diarrhea

Scratching

Vomiting

Behavioral changes

Eye Problems

Shaking Head

Chewing Feet

Breathing Problems

Limping

Increased Appetite

Sneezing

Coughing

Loss of Balance

Increased Drinking

Depressed

Lethargy

Scotting

Increased Urination

Other:

Prior Surgeries:

Prior Illnesses:

**AUTHORIZATION:** *I hereby authorize Valley Animal Hospital staff to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.*

Signature of responsible party:

Date:     /     /