



Patient Form

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 ensure the best care possible, please take the time to fill out this form completely. Thank you.

PATIENT INFORMATION

Name of pet _____ ☐ Dog ☐ Cat Breed _____

☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No Color _____ Birthdate/Age _____

For cats only - ☐ Indoor ONLY ☐ Indoor/Outdoor ☐ Outdoor/Free Roaming

Vaccination History (Date and type of last vaccinations) _____

Is your pet microchipped? ☐ Yes ☐ No Microchip Number (If known) _____

Reason for today's visit? ☐ Dental Consultation ☐ Exam ☐ Vaccines ☐ Other _____

Check all that apply (will only be addressed today if you elect to have an exam)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Changes in thirst | <input type="checkbox"/> Limping | <input type="checkbox"/> Shaking head |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Pain | <input type="checkbox"/> Stumbling |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Eye concerns | <input type="checkbox"/> Scratching/Itching | <input type="checkbox"/> Urination problems |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Ear concerns | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Weight loss |

☐ Other/Describe _____

Please list current medications/supplements _____

Please list any major medical history/allergies /reactions _____

Do you or have you traveled with your pet, where? _____

Has your pet ever lived outside of Spokane, where? _____

Previous and current veterinary offices _____

May we contact your previous veterinarian for records? [] Yes [] No

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 acknowledge that the veterinary office will do its best to inform me of all treatment costs whenever possible, but that in an emergency some treatments may be performed without authorization and that I will be responsible for any fees incurred. I understand that some treatments will require verbal or written authorization before they will be performed and I will do my best to be available in a timely manner to authorize or decline treatments. If I can't be reached I authorize the doctor to institute care to the best of their judgment and I will be responsible for any and all fees incurred. I also understand that payment is due at the time services are provided and that a deposit may be required for surgical, hospitalization or dental treatments.

Signature of Owner _____ Date _____