



Owner's Name _____ Pet's Name _____

What is the current problem with your pet? _____

How long has this been going on? _____

If your pet seems painful, where would you rate your pet's pain on a scale of 0 to 10? _____

How has your pet been eating? (circle one) Normal Increased Decreased
What kind of food and how much? _____

How has your pet been drinking? (circle one) Normal Increased Decreased

Has there been any vomiting or diarrhea? _____ If so, for how long? _____
Have you noticed any blood or black, tarry material? _____

How would you characterize your pet's urination? (circle one)
 Normal Increased Decreased Painful Straining Not Urinating

Is your pet on any medications? _____ If so, what kind and what dosage? (please list)

Does your pet have any chronic health issues? _____

Has your pet gotten into anything abnormal recently (garbage, dead animal, over-the-counter or prescription medications, rat/mouse poison, antifreeze, chocolate, grapes, raisins, onions, garlic, etc.)? _____ If so, how much was eaten and how long ago? _____

Preferred Contact Method:

email: _____ ***text:*** _____ ***voice:*** _____

In the case you cannot be reached, how would you like us to proceed in the case of a life-threatening emergency situation?
____ Please DO NOTHING until I am reached.
____ Please PERFORM LIFE-SAVING procedures but nothing else until I am reached.
____ Please USE PROFESSIONAL JUDGMENT and proceed accordingly.

Signature of Pet Owner _____ **Date** _____

List of belongings you are leaving with pet _____
