

Best Friends Animal Hospital
Pet History for Day Admits and New Clients

Date: _____ Client Name: _____

Client Number: _____ Pet's Name: _____

Primary reason for your visit today: _____

How long has this condition been going on? _____

Has this condition occurred previously? Yes No

List any previous conditions that your pet has had in the past two (2) years:

Are your pet's vaccinations up to date? Yes No Where were they given? _____

Please check any/all symptoms or problems you've noticed with your pet recently:		
<input type="checkbox"/> Appetite Increase/Decrease	<input type="checkbox"/> Weight Loss/Gain	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Thirst Increase/Decrease
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Urination Increase/Decrease
<input type="checkbox"/> Coughing	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Depression	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Eye Abnormalities	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Other _____

Does your pet have a history of seizures? Yes No Frequency _____

Is your pet currently on any medications? Yes No List all _____

Is your pet allergic to any medications or foods? Yes No List _____

Describe your pet's diet: _____

If the doctor feels it is necessary, do you give Best Friends Animal Hospital permission to:	
Perform Lab Tests on your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sedate your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	X-Ray your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No

I am the owner or agent for the above named animal, and have the authority to execute this consent. I authorize the veterinarians and staff of Best Friends Animal Hospital and Urgent Care Center to perform the procedures listed above and on the attached estimate, including the administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal.

The nature of this procedure/operation has been explained to me and I understand what will be done for my pet. I have been informed that there may be potential risks or complications associated with any procedure/operation of this type and with the use of any medication. I also understand that no guarantee of successful treatment can be made. I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

Signature of Client responsible for pet: _____ Date: _____

Where can we reach you **TODAY**? Home _____ Work _____ Cell _____

Thank you for choosing Best Friends Animal Hospital for your pet's needs!