



Yosemite Pet Hospital, Inc

*Exceptional Care...
for Exceptional Pets*

Day Care Examination and Consent Form

Owners Name: _____ Pets Name: _____

Date: _____ Date of last Exam: _____

What phone # can we reach you at today? _____ Fax # _____

Please describe your pet's problem (s) in detail: _____

Duration of existing problem: _____

Please circle if your pet is doing any of the following:

- | | | | |
|------------------------|-------------------------|-----------------------------------|---------------------------|
| 1. Coughing | 8. Ear problems | 15. Increased urination | 22. Blood in stool |
| 2. Sneezing | 9. Scratching | 16. Not urinating | 23. Straining to defecate |
| 3. Vomiting | 10. Discharge from nose | 17. Straining to urinate | 24. Scooting on bottom |
| 4. Diarrhea | 11. Skin problems | 18. Urinating blood | 25. Gaining weight |
| 5. Bad Breath/Teeth | 12. Shaking head | 19. Losing weight | 26. Behavioral problems |
| 6. Listless, no energy | 13. Increased drinking | 20. Limping/ trouble getting up | |
| 7. Vision problems | 14. Discharge from eye | 21. Appetite: increase / decrease | |

What medications is your pet currently taking? _____

Is your pet current on Vaccines YES NO

Is your pet current on De-worming? YES NO

Is your pet on any anti-flea medications? YES NO

Is your pet on any anti-heartworm medications? YES NO

Current Diet, brand and amount fed: _____

The Doctor will perform an examination to evaluate the medical condition of your pet, and then provide you with a treatment plan and estimate for your approval.

However, if the condition of your pet is deemed critical by the Doctor, or should an emergency arise, may we have your consent to treat as may be required? YES NO Initials: _____

I, the undersigned, agree to assume financial responsibility for all charges incurred for this patient. I also agree that these charges will be paid at the time the patient is released.

Signature of Owner or responsible agent: _____ Date _____

Print Name _____