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 _____

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