

# Comprehensive Update form for \_\_\_\_\_

	Yes	No
Please help us help _____		
Do you have pet insurance?		
Have you seen your pet passing worms?		
Has your pet had any illness in the last year?		
Has your pet had any surgery in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps?		
Did your pet eat in the last 4 hours?		
Does your pet ever strain to urinate?		
Has there been any recent vomiting?		
Has your pet been coughing?		
Has your pet been sneezing?		
Has your pet been gagging?		
Any listlessness?		
Any weakness?		
Any lameness? Circle leg LF LR RF RR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scoting?		
Lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea?		
Constipation?		
Stiffness?		
Behavior changes?		

**We will call you with an update and let you know when \_\_\_\_\_ is ready to go.**

	Normal?	Increased?	Decreased?
Drinking?			
Appetite?			
Urination?			
Defecation?			
Weight?			

## Reason for visit today

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your pet been examined elsewhere for the same condition?

**YES NO**

If Yes, where? \_\_\_\_\_

Is your pet on any medications?

**YES NO**

If yes, what medications \_\_\_\_\_

Did your pet have any medications this morning?

**YES NO**

If yes what medications were given and when? \_\_\_\_\_

Is your pet allergic to any food or medication?

**YES NO**

If Yes, please describe: \_\_\_\_\_

Is your pet up to date on vaccines?

**YES NO**

Where were the vaccines done? \_\_\_\_\_

Is your pet on Heartworm prevention?

**YES NO**

If yes, which prevention? \_\_\_\_\_

Flea Prevention? \_\_\_\_\_

### Costs

Please call me with a treatment plan before you do anything after the exam.

I authorize treatment up to (check one):

\$100

Treatment as needed

\$200

\$500

Other \_\_\_\_\_ per Dr.'s discretion

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care. I agree that a service charge of 1 1/2 % per month (18% APR) will be added to all overdue accounts. I also agree that I will be held liable for all legal and collection fees.

\_\_\_\_\_  
**Owner or agent for owner**

\_\_\_\_\_  
**Date**

**What telephone number can we reach you at today?** \_\_\_\_\_