

Add-On/Urgent Care Form

The information requested would inform us of how we can best care for _____. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name: _____ Date _____

Phone number where you can be reached today: _____

Last time _____ ate: _____

History

Chief Complaint or Reason for visit: _____

Duration of Chief Complaint: _____

Medications/Vitamins/Supplements/Herbs: _____

Yes No Have you seen _____ passing worms? Describe: _____

Yes No Any injury or illness in the past 30 days? Describe: _____

Yes No Does _____ have a history of seizure activity? Describe: _____

Yes No Vomiting?

Yes No Shaking head?

Yes No Diarrhea?

Yes No Unusual discharge?

Yes No Coughing?

Yes No Lethargy?

Yes No Sneezing?

Yes No Bad breath?

Yes No Gagging?

Yes No Lameness/limping?

Yes No Scratching/rubbing?

Yes No Difficulty rising?

Yes No Scooting?

Yes No Unusual lumps/growths?

Any noticeable changes in appetite, water consumption, bowel movements or urination?

Please describe _____

Additional concerns/comments _____

Please call the office by 3:00 p.m. to check on progress and in case we have not been able to get in touch with you.

OWNER RELEASE: The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with _____ while I'm absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved.

OWNER/AGENT _____

DATE _____