

**In order to provide your pet with the best possible care, an accurate history and description of your pets' symptoms is very important. We thank you in advance for taking the time to fill out the information below.

Date: _____

Owner's Name: _____ Pet's Name: _____

What is your pet coming in for today:

How long has the problem been going on? _____

Appetite: Normal Poor Anorexia Excessive
Thirst: Normal Increased Decreased None
Urination: Normal Increased Decreased Straining Bloody
Stools: Normal Hard Soft Diarrhea Straining Bloody
Respiration: Normal Increased Coughing Sneezing
Vomiting: None Food Mucus Bile Blood

Has the problem changed? Improved Worsened Remained the same

Have you treated your pet at home for this problem? No Yes

If so, please describe: _____

What do you feed your pet? _____

When did your pet last eat? _____

When did your pet last drink? _____

Is your pet taking any medications? No Yes

If so, please list medications and doses: _____

What time were last doses given? _____

If your pet is under treatment for diabetes, how many units of insulin were given? _____

What time? _____ AM / PM (Circle)

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for diagnostic labwork or x-rays, would you like us to:

Perform the procedures if below \$ _____ Contact you with an estimate

If your pet requires surgical/anesthetic procedures, would you like us to:

Perform the procedures Contact you with an estimate

I permit DeSoto Animal Clinic to treat my pet within the above guidelines.

Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

Please indicate your preferred contact number: _____