



PATIENT CHART

Date: _____ Owner Name: _____ Pets Name: _____

Breed: _____ Color: _____ Age/DOB: _____ Sex: _____ ☐ Spayed/Neutered

What food does your pet currently eat? Brand _____ Dry ☐ Canned ☐

Where does your pet live? Indoors ☐ Outdoors ☐ Previous health problems/allergies? _____

Does your pet take heartworm prevention? Y ☐ N ☐ Have you missed any (if so, how many)? _____

Current medications (Including Heartworm/Flea & Tick)? _____

If medications are to be dispensed, do you prefer (Circle One): Tablets Liquid Injection

Circle the reason(s) for today's visit:

Annual Exam & Heartworm	Vomiting	Sneezing	Increased/Difficult Urination
Puppy/Kitten Boosters	Diarrhea	Coughing	Blood in Urine
Ear Odor or Discharge	Constipation	Scratching	Change in Appetite
Eye Discharge	Blood in Stool	Skin Odor / Sores	Increased Water Intake
Nail Trim/Anal Glands/Ears	Worms in Stool	Fleas / Ticks	Weight Change
Scotting	Lethargic	Swelling / Tumors	Attitude Change
Heartworm Test	Bad Breath	Lameness / Limping	Other: _____

What is the duration and frequency for any symptoms circled above? _____

Do you need any refills on preventative/meds/food? _____

Preferred Doctor (Circle One): Taylor Seratt Williams First Available

I authorize the following diagnostic testing: X-rays ☐ Bloodwork ☐

When is the last time your pet was fed? _____

-All pets with visible evidence of fleas will be treated upon arrival

-All pets must be current on vaccinations unless waived by one of our veterinarians for medical reasons

Signature: _____ Date: _____

Please list a phone number where you may be reached today: _____

Standard pickup time is between 4:00-6:00pm. Payment is required at the time services are rendered.