Outpatient Form

Personal Information

Owner Name: _____ Pet Name: _____
Date: _____ Breed: _____
Colors: _____ Markings: _____
Sex: _____ Neutered? _____
DOB: _____ Age: _____
Owner Phone No.: _____ Cell No.: _____

Vet History

Reason For Visit: _____
Pet's First Visit? _____ Reason For Other Visits: _____
Regular Vet: _____ Phone: _____
Immunizations Current? _____ Last Updated: _____
Shots Required: _____
Current Medication: _____
Allergies: _____
Food Type Given to Pet: _____ Last Fed: _____

Symptoms (Check All That Apply)

☐ Coughing	☐ Diarrhea	☐ Ear Odor/Discharge	☐ Eye Odor/Discharge
☐ Lethargy	☐ Lesions	☐ Limping	☐ Scratching
☐ Sneezing	☐ Bloody Urine	☐ Difficulty Urinating	☐ Increased Urine
☐ Vomiting	☐ Weight Gain	☐ Weight Loss	☐

Other Symptoms: _____
If pet is limping, which leg? _____
If pet is scratching, where? _____
Duration of Symptoms: _____
Frequency of Symptoms: _____

I, the pet's owner, consent and authorize the pet to be examined and diagnosed by the veterinarian, who will then call me at my phone number listed above in order to discuss solutions and procedures. If my pet has fleas, ticks or mites I understand that I will be charged with the cost of removing them. I swear and attest that my pet's vaccinations are current and that all of the information listed above is true to the best of my knowledge.

_____ _____
Signature Date