



PET EMERGENCY & SPECIALTY CENTER

Information about You

Owner(s): Mr., Mrs., Dr., Ms. _____ Spouse _____

Address _____ City _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____

Pager / Cell phone _____ Spouse's work phone (_____) _____

E-mail Address _____

Employer _____ Address _____

Spouse's employer _____ Address _____

Who is the veterinarian we may thank for your referral?

Dr. _____ Hospital _____

Information about Your Pet

Pet's Name _____ Dog Breed _____ Color _____

Cat

Age _____ Length of ownership _____ Sex: MN M FS F

Presenting Complaint(s):

1. _____ Duration: _____

2. _____ Duration: _____

3. _____ Duration: _____

4. _____ Duration: _____

Current Medications/Therapy:

1. _____

2. _____

3. _____

4. _____

Amount of time pet spends indoors: _____% Amount of time pet spends outdoors: _____%

What do you normally feed your pet? _____ How much? _____

(Continued on back)

Other pets in household? No Yes: Species _____ Quantity _____
 Yes: Species _____ Quantity _____
 Yes: Species _____ Quantity _____

Felines: Has your cat been FELV/FIV tested? No Yes
 Canines: Has your dog been Heartworm tested? No Yes
 Is your dog on Heartworm Preventative? No Yes

Has your pet been vaccinated within the past year? Rabies: No Yes: When? _____
 DHLPP: No Yes: When? _____
 FVRCP: No Yes: When? _____
 FELV: No Yes: When? _____

Have there been any previous medical conditions? No Yes: _____
 Yes: _____
 Yes: _____
 Yes: _____

Has your pet lived or traveled outside the San Diego area? No Yes: _____
If yes, please list locations and approximate dates.

Are there any known allergies or drug reactions? No Yes: _____
If yes, please list medications.

Is your pet exposed to smoke? No Yes
 Is your pet coughing? No Yes
 Is your pet sneezing? No Yes
 Is your pet vomiting? No Yes
 Does your pet have diarrhea? No Yes

Does your pet drink **MORE** **LESS** **THE SAME** amount of water as usual? (Check one)
 Does your pet urinate **MORE** **LESS** **THE SAME** frequency as usual? (Check one)

- ♦ I assume the financial responsibility for all charges incurred regardless of the outcome. A payment of the lower end of the estimate will be required when a patient is admitted to the hospital and full payment is due at the time of discharge. All charges are to be paid in full at the time of service for outpatients.
- ♦ Referrals will not be taken in this practice as regular clients. We must send you back to your regular Veterinarian after the referral problem has been resolved. This is ethical practice and is essential to our success as a referral practice.

Signature of Owner/Agent _____ Date _____

Driver's License # _____

Payment preference: Cash
 Credit Card
 Check

A payment of the lower end of the estimate will be required when your pet is hospitalized.