



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



Phone # you can be reached at: _____

IMPORTANT!! Please ensure your phone ringer is ON and be sure to answer your phone when we call. Our doctor or staff will be calling regarding your pet's care. **Sometimes we use a different phone number than our main clinic line, so please answer unknown numbers.** In an effort for our doctors to have enough time to provide a high level of patient care to our furry friends, **the doctor will only have time to call owners once following the service**, and then they must go on to their next patient's care.

If you DO NOT answer your phone when our doctor calls, one of our trusted, experienced Veterinary Technicians will relay the doctor's information and get answers to any questions. If a second caregiver/owner is requested to be contacted as well, our Veterinary Technician will contact them with the doctor's information due to the doctor's time constraints associated with COVID Curbside Service.

We very much appreciate your patience and understanding during this difficult and unusual time! 😊

Reason your pet visiting our office today: _____

What other symptoms your pet having: _____

- ☐ Vomiting? YES NO
- ☐ Diarrhea? YES NO
- ☐ Coughing? YES NO

- ☐ Sneezing? YES NO
- ☐ Painfulness? YES NO
- ☐ Licking/Scooting Hind End? YES NO

How long has she/he had this problem? _____

Is the problem getting worse or improving? _____

Any changes in:

- Thirst? YES NO _____
- Appetite? YES NO _____
- Urination frequency or amount? (circle which one) YES NO _____
- Blood in urine or stool? YES NO _____
- Energy level/ Activity level? YES NO _____
- Recent changes in Food or Treats or Home Life? YES NO _____

Is your pet on any medication(s) or supplements currently? Please provide name, dosage, frequency:
