

# WESTERN CAROLINA VETERINARY SURGERY

*Referral Animal Hospital, P.A.*

CLIENT INFORMATION

DATE \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Permission to call work place ( ) Yes ( ) No

Drivers License No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City, State, Zip: \_\_\_\_\_

REFERRING VETERINARIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PATIENT INFORMATION

Pets Name \_\_\_\_\_

Dog Cat (circle one) Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay Neuter (circle one)

I authorize the examination of my pet, the administration of necessary treatments, and/or the execution of necessary diagnostic tests. I understand that an estimate of the charges will be given, and I assume full responsibility for all charges and consent to the release of medical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE:

Due to high operating costs, the following policies have been established:

Full payment is expected when patient is released.

A 50% Deposit is required prior to surgery.

Accepted Payments:

Cash, Check, MC, Visa, American Express & Discover

**PATIENT INFORMATION** (Please Circle and / or fill in appropriate areas)

How long have you owned your pet? \_\_\_\_\_

Diet... Can? Dry? Table food? Brand? Special? \_\_\_\_\_

Are there any other pets in your household? Yes  No  Describe: \_\_\_\_\_

Animal attitude: Gentle? Prefers women or men? Requires muzzle? Aggressive?

Does your pet have seizures? Yes  No  Name of medication \_\_\_\_\_

How long has your pet been sick or injured? \_\_\_\_\_ Days \_\_\_\_\_ Months

Have there been any changes in your pet's normal activity? \_\_\_\_\_

Appetite Yes  No  Increased? Decreased? Describe: \_\_\_\_\_

Water intake Yes  No  Increased? Decreased? Describe: \_\_\_\_\_

Weight Increased? Decreased? Describe: \_\_\_\_\_

Urinations Increased? Decreased? Describe: \_\_\_\_\_

Bowel Habits Increased? Decreased? Straining? Diarrhea? Describe: \_\_\_\_\_

Vomiting Yes  No  Daily? Weekly? Intermittent? Describe: \_\_\_\_\_

Coughing Yes  No  Daily? Weekly? Intermittent? Describe: \_\_\_\_\_

Sneezing Yes  No  Daily? Weekly? Intermittent? Describe: \_\_\_\_\_

Skin Changes? \_\_\_\_\_ Itching? \_\_\_\_\_

Swellings or tumors Yes  No  Location? \_\_\_\_\_

Has your pet been taking aspirin? \_\_\_\_\_

What medications is your pet taking now? (Includes herbal, supplements, over the counter) \_\_\_\_\_

Is your pet on Heartworm Prevention? Name: \_\_\_\_\_

Is your pet current on vaccinations? \_\_\_\_\_

Any unusual reaction / allergy to medications? Yes  No  Describe: \_\_\_\_\_

List past medical problems (include surgery, trauma, etc.): \_\_\_\_\_

List the current medical / surgical problem(s) to initiate referral to WCVS: \_\_\_\_\_

Do you have any veterinary information (i.e. referral letter) lab test results, x-rays, etc. for WCVS to review? Yes  No