

# REQUEST FOR MEDICAL SERVICES

Because of your absence during your pet's medical exam, I would like to discuss the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition.

Pet's Name/Owner's Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Tech Triaging: \_\_\_\_\_

Reason(s) for medical exam:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has the current medical problem occurred? \_\_\_\_\_

Is your pet currently on any medications or supplements? \_\_\_\_\_

What monthly prevention do you give your pet? \_\_\_\_\_

What food does your pet eat? \_\_\_\_\_

Have you noticed any of the following symptoms? (Please check all that apply & describe in detail below.)

Diarrhea _____	Lethargy _____	Swelling _____
Vomiting _____	Decreased Appetite _____	Excessive Salivation _____
Decreased/Increased Thirst _____	Limping _____	Hearing loss _____
Pain _____	Coughing _____	Breathing changes _____
Eye Discoloration _____	Sneezing _____	Itching _____
Nasal Discharge _____	Urinating/Defecating Problems _____	Skin Issues _____
Odor _____	Ear Discharge _____	Behavior Problems _____

Description/Duration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like the following performed today?

Fecal Test \_\_\_\_\_ Heartworm/Tick Panel \_\_\_\_\_ Vaccinations \_\_\_\_\_ Microchip \_\_\_\_\_ Anal Gland Expression \_\_\_\_\_ Toenail Trim \_\_\_\_\_

Phone number(s) where you can be reached today: \_\_\_\_\_ Owner Name and Date \_\_\_\_\_

Does the owner have any concerns regarding Covid-19 or is currently ill? \_\_\_\_\_