SPRING HARBOR ANIMAL HOSPITAL

REQUEST FOR MEDICAL SERVICES

Please complete the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition. We will call on the phone number below to discuss any questions or findings.

Owner's Name: _____ Date: _____

Phone Number (to be reached today):_____

Pet's Name:_____ Species: Dog ☐ Cat ☐

Reason(s) for medical exam: _____

How long has the current medical problem occurred? _____

Please list current medications and frequency of administration:

_____

_____

_____

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

Diarrhea ☐
Vomiting ☐
Decreased/Increased Thirst☐
Pain ☐
Nasal Discharge☐
Odor ☐

Lethargy ☐
Decreased Appetite ☐
Limping ☐
Coughing ☐
Urinating/Defecating Problems ☐
Ear Discharge/Odor ☐

Swelling ☐
Discharge ☐
Discoloration ☐
Sneezing ☐
Skin Problems ☐
Behavior Problems☐

Need Products?

Flea/Tick ☐ Heartworm☐ Diet ☐

Additional notes for the doctor: _____

_____

Would you like to be informed of an estimate before diagnostics or treatment is performed?

Yes ☐ No _____ Only if exceeds $ _____

Owner's Signature

I authorize treatment, x-rays, or lab work if the doctor considers this necessary to diagnose the condition(s) above. Please initial here to authorize treatment _____