



Evaluation and Treatment Consent Form

Animal's Name: _____ **Owner's Name:** _____

Please answer all questions and elaborate on any abnormal symptoms or behavior in the area provided.

Reason for visit: _____

When did you first notice changes? _____

Appetite: less than normal normal more than normal change in food

Water Intake: less than normal normal more than normal

Urination: less frequently average more frequently

Defecation: diarrhea loose stools normal stools hard stools

Activity Level: low normal above average

Skin/Coat: dry normal oily itchy inflamed/red (check all that apply)

Ears: healthy odor discharge itchy (check all that apply)

Eyes: healthy dry discharge

Vomiting: No Yes: _____

Coughing: No Yes: _____

Has your pet ever had a seizure? No Yes: _____

Has your pet had any food or water in the last 12 hours? No Yes

Any other changes in overall health: _____

Is your pet on any medications? No Yes: _____

Please Initial One: _____ **Perform exam only until I am contacted.**

_____ **Treat as needed.**

_____ **Treat as needed up to \$ _____.**

I understand that diagnostics and treatment may be delayed if I cannot be contacted by phone.

Primary Contact Numbers: _____

Other Person(s) Authorized to Make Decisions: _____

Signature: _____

Date: _____

Owner or Owner's Agent