

Client COVID Screening

	Yes	No
Have you (the owner) or anyone in your household come in close contact with someone who has a confirmed case of COVID-19 within the last 14 days?		
Are you (the owner) or anyone in your household exhibiting symptoms of illness such as fever, respiratory illness, cough, or shortness of breath?		
Are you (the owner) or anyone in your household currently under quarantine?		

Patient's Name: _____

Person Bringing Patient to Appointment (first/last): _____

Best Phone Number for Phone Consultation: _____

Please have your phone on and near you after curbside handoff. The doctor will contact you after reviewing your intake information and performing an exam on your pet.

Patient Wellness Questionnaire

If Yes, please provide explanation for each symptom such as time of onset, frequency, location, etc.

Symptom	Yes	No	Description
Vomiting			
Coughing			
Diarrhea			
Sneezing			
Itchiness			
Changes in Thirst			
Changes in Urination			
Changes in Appetite			
Changes in Energy Level			
Changes in Behavior			

Heal+hy Pets

Veterinary Hospital

Limping/Generalized Pain			
Lumps/Bumps			
Odor or Pain in Mouth			
Seizures/Neurologic Episodes			
Other Concerns not Outlined			

What is your pet's normal diet?

Example: Hills Science Diet Adult Large Breed Kibble 2 cups fed twice per day.

List all medications your pet is taking including flea/tick/heartworm preventatives, shampoos, ointments, supplements, etc. Include strength and frequency.

Example: Prednisone 5mg tablets, 1 in the morning and 1 at night.

*Do you need
a refill today?*

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Ownership Statement, Cancellation & Drop Off Policy

I am the owner and/or agent of the listed animal and have the authorization to consent to treatment if and when it is needed. I understand that I will be financially responsible for all fees for services included in treatment plans provided to me in person, over the telephone, via email, as well as verbally approved treatments. I understand that professional fees are to be paid at the time services are rendered. I understand that 24 hour cancellation is needed for all appointments. No shows and cancellations with less than 24 hour notice are subject to a cancellation fee of \$50 for appointments with doctors and \$25 for appointments with technicians and for non-anesthetic dentals. I understand that I need to be present and available for hand off at the conclusion of my pet's visit. If not present and available a \$25 drop off fee will be assessed.

Client Signature: _____ Date: _____