Four Lakes Veterinary Clinic
4504 Monona Dr Madison, WI
Phone: (608) 819-6750
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www.fourlakesvet.com

Medical Appointment Form

Date: _____ **Patient Name:** _____

Client Name: _____ **Patient Age:** _____

Patient Weight:
(*office use only*)

Presenting Complaints/Concerns/Questions: Please be as specific as possible (duration, have you tried anything?, is it getting worse?, etc.)

Current Medications/ Supplements: (Please include the dose, frequency and when they were last given.)

Diet: (Please include the brand, flavor and amount you are feeding daily. Please list any additional foods or treats your pet gets.)

Anything Else?

☐ Medication Refill(s): _____

☐ Other: _____

Please select ONE of the following:

☐ Perform any tests/treatments that the veterinarian deems necessary for my pet.

☐ Contact me if testing/treatment exceeds: $ _____

☐ Contact me before performing any tests or treatments beyond an exam.

How would you like to be contacted with updates today?

☐ Phone: _____ ☐ Call ☐ Text

☐ Email: _____

A current rabies vaccination is required by law. As such, if we do not have or if you cannot provide proof of current vaccination, one will be administered today.

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination of this pet by the veterinarians at Four Lakes Veterinary Clinic. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the veterinarian is unable to reach me the hospital staff has my permission to provide such treatment, and I agree to pay for such care. I also understand that all fees are to be paid before the animal is released from the hospital unless other arrangements have been made in advance. I have read the above and agree.

Signature: _____

For In-Clinic Use Only: **Patient ID:** **Current Weight:** **Previous Weight:** **Dr.**

Notes: