

Dr. Busciglio - Dr. Santa Cruz - Dr. Gramling - Dr. Hart

Client: _____ Patient: _____

Phone number where you can be reached TODAY: _____

Brief description of symptoms: _____

How long have these symptoms been going on: _____

Have they occurred previously: _____

If so, where: _____

What diet is your pet currently eating: Brand: _____ can or dry: _____

Circle one of the alternatives

Appetite: Good Fair Bad None

Drinking: Increased Decreased Normal

Vomiting: Yes No If yes, how long: _____

B.M.'s: Normal Hard Soft Diarrhea How long: _____

Urination: Normal Abnormal If abnormal, describe: _____

Bleeding: Yes No If yes, from where: _____

Seizures: Yes No If yes, how often: _____

Is animal on any medication: Yes No If yes, what: _____

Does animal go out unsupervised: _____

Any other work to be done while animal is here: _____
_____If indicated, do you authorize **Lab Test, Bloodwork, and/or X-rays**: Yes No

But not to exceed _____ without authorization/consultation.

Would you like an estimation of today's visit: Yes No

A deposit may be required. Payment (in full) is required when animal is released. If sedation is necessary for treatment or handling of my pet I give permission to Santa Cruz Animal Clinic to administer such medication.

Signed: _____ Date: _____