



PLEASANT HILLS Pet Hospital

REQUEST FOR MEDICAL SERVICES

Because of your absence during your pet's medical exam, please complete the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition.

Pet's Name/Owner's Name: _____ Date: _____

Reason(s) for medical exam: _____

How long has the current medical problem occurred? _____

Is your pet currently on any medications for this problem? _____

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

Diarrhea _____	Lethargy _____	Swelling _____
Vomiting _____	Decreased Appetite _____	Discharge _____
Decreased/Increased Thirst _____	Limping _____	Discoloration _____
Pain _____	Coughing _____	Sneezing _____
Nasal Discharge _____	Urinating/Defecating Problems _____	Skin Problems _____
Odor _____	Ear Discharge/Odor _____	Behavior Problems _____
Flea/Tick _____	Heartworm _____	Diet _____

Description: _____

Would you like the following performed if due?

Fecal Test _____ Heartworm Test _____ Vaccinations _____

Owner's Signature authorizing consent for treatment, x-rays, or lab work if the doctor considers this necessary to diagnose the condition(s) above: _____

Would you like to be informed of an estimate before diagnostics or treatment is performed? Yes ___ No ___ Only if exceeds \$ _____

Phone number(s) where you can be reached today: _____