

Patient Health Form

To expedite your appointment and to ensure that our doctor has correct information regarding the current health state of your pet, please complete this form prior to your appointment time and email back to wilsonveterinary@yahoo.com. If you are unable to complete prior to your appointment time, please arrive 10 minutes early so you have enough time to fill out a paper copy, which will be available at the front door of our hospital. We look forward to seeing you and your pet soon!

Date

First Name

Last Name

Phone Number

Email

Patient Name

Patient Age

What is your main concern today?

Is your pet eating and drinking normally?

Yes

If no, please describe symptoms and duration:

No

What diet is your pet currently on?

Has your pet been experiencing vomiting or diarrhea?

Yes

If yes, please describe symptoms and duration:

No

Is your pet coughing or sneezing?

Yes

If yes, please describe symptoms and duration:

No

Is your pet currently on any medication?

Yes

If yes, please list medications:

No

Does your pet spend time licking/scratching/chewing their fur/skin?

Yes If yes, please describe symptoms and duration:

No

If yes, do we have permission to perform testing, such as a skin scrape and cytology, so that our doctor can diagnose the problem? The cost of this is \$35.00. Please write yes or no:

Have you noticed any new lumps or growths on your pet?

Yes If yes, please describe the location and when the change was first noticed:

No

If yes, do we have permission to perform a fine needle aspirate and cytology to look at cells under the microscope? The cost of this test is \$50.00 for each lump that is examined. Please write yes or no:

Has your pet been shaking his/her head or scratching at his/her ears?

Yes If yes, please describe symptoms and duration:

No

Do we have permission to perform an ear swab and cytology? The cost is \$34.00. Please write yes or no:

Have you noticed your pet squinting or rubbing at his/her eyes recently?

If yes, please state which eye and describe symptoms and duration:

Yes

No

Do we have permission to perform tests on the eye, such pressure reading, staining, etc.? Please type yes or no:

Please list any additional health concerns you would like to be addressed at your visit today:

Would you like your pet to receive any of the following services today?

Anal gland
expression: \$27.00

Yes

No

Nail Trim: \$15.00

Yes

No

When appointments are booked, we block off a certain amount of time for each pet based on the clients concerns at the time of booking. This is so our doctor has enough time to perform a thorough examination and address all concerns for every patient we see. Any concerns not listed on this form may need to be scheduled for a later date, as it is important to us that all clients are seen at their scheduled appointment times. Please type or sign your name, stating that all concerns are listed on this form and that if additional concerns are thought of later, we may need to schedule a later appointment.

Signature: