

HILLSIDE VETERINARY HOSPITAL, PLLC.

191 AUGUSTINE AVENUE STE 100 • CHARLES TOWN, WV 25414 • (304) 728-2203

In order for your pet to receive the best possible treatment, we ask that you carefully read over and fill out this form providing as much detail as possible. Thank you.

Pet's Name: _____ Owner: _____

Contact numbers - cell: _____ home: _____ work: _____

Can we text? Yes No

What is the main reason for your pet's visit today? Please provide as much detail as possible:

How long has your pet had this problem? _____ Has it gotten better or worse?

Have you provided any treatment at home? _____

Is your pet currently on any medications? If yes, please list including dosages.

Has your pet ever had a reaction to any medication? If yes, please list. _____

Is your pet on heartworm preventative? If yes, what brand? _____

What food does your pet currently eat? Please provide the name and how much/how often you feed your pet:

Please check any of the following symptoms your pet is showing at this time:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Lump(s) Location | For Cats: |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Lack of Appetite | _____ | <input type="checkbox"/> Indoor Only |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Abnormal Urination | <input type="checkbox"/> Indoor/Outdoor |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Seizures | __ More __ Less | <input type="checkbox"/> Outdoor Only |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Laying Around | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Limping | _____ | |
| <input type="checkbox"/> Constipation | | | |

Does your pet need to update its vaccines? If so, do you want that service provided today?

Please note: Rabies vaccination is required by WV law.

- Yes, administer all vaccines that are needed
- Yes, Rabies only
- No vaccines today

In order to better assist my pet and to save time, I give my permission for the veterinarian to do the following if determined necessary: Blood Work X-rays Sedation/Anesthesia

Signature: _____ **Date:** _____

Note: Drop off patients do not have an appointment, therefore they are seen in the order they come in – unless the pet is in critical condition. Drop off patients are worked into the Veterinarian's schedule, so you may not receive a phone call until afternoon, depending on the number of pets that are being seen being seen that day. All payment for services rendered is due at pet pick-up. Any pet not picked up by closing time (with the exception of hospitalized pets) will be boarded overnight and charged an additional fee.