



Our mission is to expand and enhance the scope of veterinary services to our community by providing companion animal emergency and critical care services, support services for local veterinary practices, wildlife rehabilitation support services, veterinary educational opportunities and a range of board certified specialists for referral.

1120 George Washington Memorial Highway • Yorktown, VA 23693 • Tel: (757) 874-8115 • www.peninsulaemergencyvet.com

Owner Name: _____

Pet Name: _____

Reason for Visit: _____

How long since the symptoms started? _____

Has your pet experienced any of the following recently: (Please Circle)

Table with 6 columns: Vomiting, Diarrhea, Coughing, Sneezing, Increased Drinking, Increased Urination, Seizures, Normal BM, Weight Loss, Changes in Appetite, Change in Energy Level, Travel Out of State. Each cell contains 'Yes / No' or 'Increase / Decrease'.

Recent Traumatic Incident: _____

Recent Change within Household: _____

History:

Does your pet primarily stay indoors / outdoors? (Please Circle One)

Has your pet eaten any inappropriate objects? _____

Has your pet been exposed to a toxic substance? _____

When were your pet's last vaccinations? _____

What is your pet's current diet? _____

Please list any current health conditions: _____

Please list any current medications/vitamins/supplements & dosages: _____

Has your pet ever experienced a reaction to any treatment or medications? _____

If yes, please list: _____

Has your pet been anesthetized for any reason and were there any problems? _____

How did you hear about us? RDVM Friend Newspaper/Magazine Online Radio

Walk-in Yellow Pages Other _____

WT = _____ TEMP = _____ PULSE = _____ RESPIRATION = _____ STAFF INITIALS = _____