



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 = \_\_\_\_\_