SOUTHERN ARIZONA VETERINARY
SPECIALTY & EMERGENCY CENTER

DATE:

TIME:

CLIENT #:

Admittance & Patient History

*Exam fee due prior to being seen by the veterinarian

Owner Name:		
Spouse/Co-owner:		
Address:		**Apt./Space #**
City, State:	**Zip Code:**	
Primary Phone:	**Secondary Phone :**	
Pet's name:	**( ) Canine ( ) Feline ( ) Other**	
Breed:	**Color:**	
Age:	**( ) Male ( ) Neutered ( ) Female ( ) Spayed**	
Who is your regular veterinarian?		
Employer:	**Active Military? Yes ( ) No ( )**	
Email:		

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for **all charges** incurred in the care of this animal. Any estimate presented is only an **approximate** of the final bill. I also understand that these charges will be paid at the time of release, a deposit may be required for medical or surgical treatment and a monthly billing fee of $10.00 will be applied to all accounts with balances over 30 days.

Signature of Owner:_____ Date:_____

(This section is for official use only)

☐ Exam Fee Collected ☐ Stabalization Fee Collected $_____ _____
Amount deemed Advising Technician

Entering CSR initials: Entering Technician initials:

Continue on back

SOUTHERN ARIZONA VETERINARY
SPECIALTY & EMERGENCY CENTER

DATE:

TIME:

Client #:

Admittance & Patient History continued

Where does the pet primarily stay? ( ) Strictly Indoor ( ) Strictly Outdoor ( ) Both Indoor and Outdoor
Has your pet traveled outside of Arizona? ( ) Yes ( ) No If yes, where to:
Current on Vaccinations? Yes ☐ No ☐ If no, date of last vaccine:
Is your pet allergic to any medications? Yes ☐ No ☐ No Known Allergies ☐
If yes, please list:
Current medications:
Previous medical problems:
Reason for visit:
(This section is for official use only) Attending Doctor name: Attending Technician name:

141 East Fort Lowell Road, Tucson, Arizona, 85705
(520) 888-3177 Fax (520) 408-0900

7474 East Broadway Blvd, Tucson, Arizona 85710
(520) 888-3177 Fax (520) 886-2436

SOUTHERN ARIZONA VETERINARY
SPECIALTY & EMERGENCY CENTER

Detailed Medical History- Initial Questionnaire

Please answer completely and return to reception when finished. We thank you for your help so that we can provide the best possible care for your pet.

1. What are the primary symptoms that you are presenting your pet for?

2. How long has this been happening? Has this increased or decreased in severity since first noticed?

3. Has this happened before? If yes, when, and how frequently?

4. Has your pet recently visited any other ER? What ER clinic was visited? Do you have records?

5. Are there medical records at any other animal hospital? Please list all hospitals

6. Does your pet have any other previously diagnosed medical conditions?

7. Are there any other medical concerns not previously stated? Heartworm/Flea prevention?

8. Have you ever consulted with a specialist? Which specialty service have you seen?

9. Have there been any recent changes to your pet's diet or home environment?

10. What brand and type of food does your pet eat? How much per day?

11. When did your pet eat last? What did they eat, and how much was eaten?

Continue on back

12. Are any of the following accessible to your pet? Antifreeze, rat bait, fertilizers, hormone supplements.

13. Does your pet scavenge trash or eat non-food items? Do they chew apart or eat toys?

14. How is your pet's current:

Food Intake	☐ Normal	If not normal, describe:	_____
Water Intake	☐ Normal	If not normal, describe:	_____
Activity Level	☐ Normal	If not normal, describe:	_____
Urinary Habits	☐ Normal	If not normal, describe:	_____
Defecation Habits	☐ Normal	If not normal, describe:	_____

Are any of the following seen at home

Vomiting	☐ Yes	☐ No	Frequency & Appearance:	_____
Diarrhea	☐ Yes	☐ No	Frequency & Appearance:	_____
Coughing	☐ Yes	☐ No	Frequency & Appearance:	_____
Sneezing	☐ Yes	☐ No	Frequency & Appearance:	_____