Delphos Animal Hospital

REQUEST FOR MEDICAL SERVICES

Please complete the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition. We will call on the phone number below to discuss any questions or findings.

Owner's Name: ______________________________ Date: __________

Phone Number (to be reached today):____________________ Email: ______________

Pet's Name:____________________________ Species: Dog ☐ Cat ☐ Other ☐

Reason(s) for medical exam: ____

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How long has the current medical problem occurred? ______________________

Is your pet currently on any medications for this problem? ____________________

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Have you noticed any of the following symptoms? (Please check all that apply & describe in detail below.)

Diarrhea ☐ Vomiting ☐
Decreased/Increased Thirst ☐
Pain ☐
Nasal Discharge ☐
Odor ☐

Lethargy ☐
Decreased Appetite ☐
Limping ☐
Coughing ☐
Urinating/Defecating Problems ☐
Ear Discharge/Odor ☐

Swelling ☐
Discharge ☐
Discoloration ☐
Sneezing ☐
Skin Problems ☐
Behavior Problems ☐

Need Products?
Flea/Tick ☐ Heartworm☐ Diet ☐

Additional Notes for the Doctor: ______________________________________

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Would you like the following performed if due?
Fecal Test ____ Heartworm Test ____ Vaccinations ____

Would you like to be informed of an estimate before diagnostics or treatment is performed? Yes _ No___
____________________ Only if exceeds $ ______________________________

Owner's Signature
I authorize treatment, x-rays, or lab work if the doctor considers this necessary to diagnose the condition(s) above. Please type your initials here to authorize treatment.______________