



Resort Doctor Appt Consent Form

Client Name:
Address:

Phone Number:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight:
Age:

Department:
Arrival Date:

Departure Date:

What is your pet's medical concern today?
When did you first notice the problem?
Please Provide Details: ___

Does your pet need any vaccines or routine testing today?

Questions and Concerns:

Is your pet limping? Yes No **When did this start? Which is the affected leg?**

Is your pet vomiting? Yes No **When did this start? How many times? Last time?**

Does your pet have diarrhea? Yes No **When did this start? How many times? Last time?**

Is your pet eating normally? Yes No **When did this start? Increased or Decreased?**

Is your pet's activity normal? Yes No **What has changed? When did this start? Increased or Decreased?**

Is your pet on medications? Yes No **What kind of medications? Last given? Dosage?**

Has your pet had any contact with other animals? Yes No **When and where was contact made?**

Do you need heartworm or flea and tick prevention refilled? Yes No

If Yes, what prescriptions do you need refilled? Frontline Nexgard Heartgard Proheart 6 Other

If other, please provide additional details/How Much: ___

Does your pet have any allergies to medications? Yes No

If yes, please describe: ___

Has your pet ever had an allergic reaction to vaccinations? Yes No

If yes, please describe: ___

Does your pet have any pre-existing conditions? Yes No

If yes, please describe: ___

I understand I am responsible for any charges incurred in the treatment of my pet and payment is due at the time of release from the hospital. I understand and agree to terms set forth in this agreement.

Client Signature:
Emergency Contact :

Date: