



PRE-EXAM TREATMENT RELEASE

Pet Name: _____ Owned by: _____
 Species: _____ Address: _____
 Breed: _____ City, State, Zip: _____
 Color: _____ Home: _____
 Birthday: _____ age: _____ Cell: _____
 Sex: _____

Reason for visit today:

Please check any applicable signs you have seen in your pet:

- | | | |
|----------------------------|------------------------------|-----------------------|
| Increased appetite | Increased Urination | Inflamed / Runny Eyes |
| Decreased appetite | Straining to Urinate | Vomiting |
| Drinking Excessively | Blood in Urine | Sneezing |
| Not drinking/drinking less | Diarrhea (bloody? Y N) | Nasal discharge |
| Weight gain | Straining to defecate | Coughing |
| Weight loss | Itching | Difficulty Breathing |
| Lethargy | Shaking Head | Seizures |
| Hyperactivity | Inflamed /Smelly Ears | |

When did symptoms start?

Have you administered any treatment at home?

Please list any medications your pet is currently receiving:

Please list your pet's current diet:

For small mammals: Is <animal> a BOTTLE or a BOWL drinker?

Is your pet on Heartworm Preventative? Flea Preventative? Last Vaccinations?

All pets admitted will be given any vaccinations that are due, unless medically contraindicated. All pets admitted will also be treated for any external or intestinal parasites found.

*****I authorize Animal Medical Center of the Village to spend up to \$ _____ OR use doctor's discretion for services prior to contacting me (Physical Exam, Basic Bloodwork, and X-ray cost ~\$300-400). Once a treatment plan has been determined, AMCV will make every effort to contact you with recommendations and estimates.**

Do you have a doctor preference for your pet? Jordan Kaplan-Stein Any

Phone number(s) where you can be reached today:

Would you like to receive text updates? **YES** **NO**

If we cannot reach you, do you want us to proceed with treatment? YES NO

I authorize Animal Medical Center of the Village (AMCV), it's agents and representatives to perform diagnostics indicated above, medical treatments, or any other procedures that, at the Dr.'s discretion, may be useful to promote the health of my pet. I authorize the use of anesthetics as needed. I have been advised as to the nature of the diagnostics, treatments and risks involved. I acknowledge that results cannot be guaranteed. I am aware all reasonable care will be taken by AMCV for the safe treatment and return of my pet. I release Animal Medical Center of the Village, Dan Jordan DVM, AMCV agents and representatives from any and all liability.

Signature of Owner or Agent: _____ **Date** / /

Owner or Agent Print Name: _____

Employee Witness Signature: _____ **Date** / /