



Drop-Off

1434 W. Alabama St.
Houston, TX 77006
Phone: 713-528-4900
Fax: 888-504-9006
www.MidtownVetHospital.com

Today's Date:

Contact Information

Owner's Name:

Phone Number to Reach You *Today*:

Additional Contact Information:

Pet Information

Name of Pet

Has this pet visited our office before?

 Yes No

If No, please complete the Owner/Pet Information form available under the Forms tab at www.MidtownVetHospital.com

Reason For Today's Visit

New Pet Exam

Wellness Exam

Include the following:

 Vaccines Fecal Exam Heartworm Test

Vaccines: ___ DHP ___ Rabies ___ Bordetella ___ Canine Influenza ___ Leptospirosis ___ Rattlesnake

Sick Pet Exam

Please be as detailed as possible

Please check all that apply:

Vomiting first time: _____ last time: _____ consistency: _____

Diarrhea first time: _____ last time: _____ consistency: _____

Change in Appetite: Increased Decreased

Change in Urination: Increased Decreased Discoloration Straining Accidents in house

Change in Water Consumption: Increased Decreased

Change in Weight: Increased Decreased

Change in Attitude, please describe:

Excessive Scratching or Hair Loss, describe and indicate on diagram below:

Limping, which leg:

Lumps and Bumps, describe and mark on diagram below:

Poison Ingestion, type and time when ingestion occurred:

Seizure, frequency and severity:

Other:

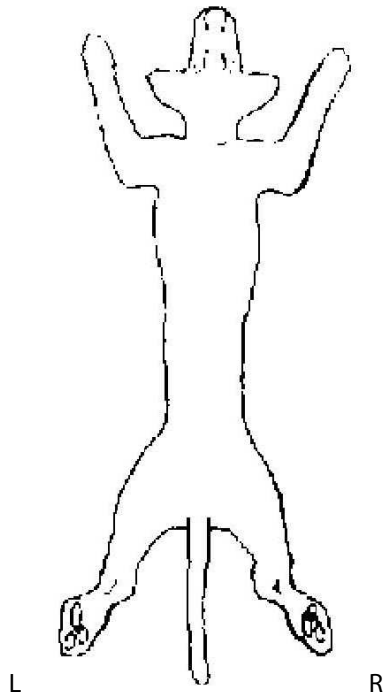
Change in Diet: _____ Change in Routine: _____ Current Meds: _____

Follow-up Exam

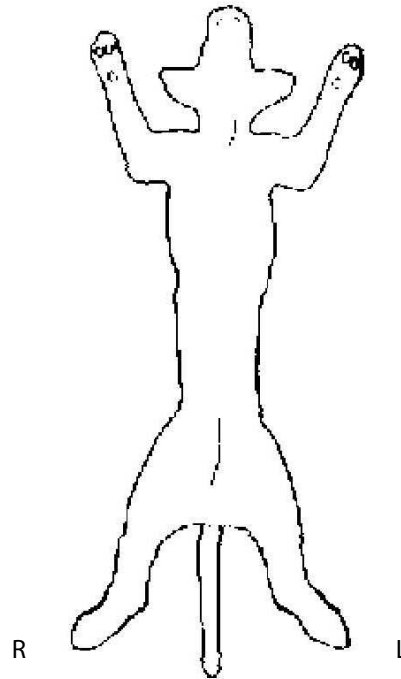
Has condition improved? Yes No

Please Describe :

Top View
(Pet's Back)



Underside
(Pet's Belly)



Anything Else You'd Like Us to Know?

Additional Services

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Implant Microchip	<input type="checkbox"/>	<input type="checkbox"/>	Express Anal Glands
<input type="checkbox"/>	<input type="checkbox"/>	Nail Trim	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Clip (rectum, genitals)
<input type="checkbox"/>	<input type="checkbox"/>	Clean Ears	<input type="checkbox"/>	<input type="checkbox"/>	Medicated Bath
			<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>

Authorization

After we examine your pet, how would you like us to proceed with treatment?

- Proceed immediately with treatment
- Proceed with treatment, if the estimated cost is less than \$
- Call you with the findings of the examination and a cost estimate prior to initiating treatment

Deposits are required for all new accounts and for complicated procedures.
PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.

In admitting my pet for diagnostics, treatment, or surgery, I authorize the veterinarians of Midtown Vet Hospital, and their support staff to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signature of Responsible Party

Print Form