

OLIVER ANIMAL HOSPITAL PATIENT CHECK IN FORM

The Patient Check in form has been created to help lessen your wait time in the exam room.
Please fill out the form completely

Owner Name: _____

Pet's Name: _____

PLEASE INDICATE IF ANY CHANGE IN THE FOLLOWING:

Mailing Address: _____

Main Number: _____

Cell phone Number: _____

E-mail Address: _____

Would you like to receive e-mail **reminders, coupons** and **client rewards** from us?: **YES** **NO**

MEDICATION LIST: Is your pet currently being administered any medications, supplements, or vitamins?
Please list type/amount/frequency given:



- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PREVENTATIVES:



Heartworm Prevention (**Dogs and Cats**):

Brand Name: _____ Date last dose given: _____ Refill Needed: _____



Flea Prevention (**Dogs and Cats**):

Brand Name: _____ Date last dose given: _____ Refill Needed: _____



DIET: Brand of food you are feeding: _____

Amount of food given: _____ cup(s) ONE/TWO/THREE times per day

Snacks/treats given and amount: _____

HAS YOUR PET HAD ANY OF THE FOLLOWING?:

- Vomiting? Yes No When did it start? _____ Frequency? _____
- Diarrhea? Yes No When did it start? _____ Frequency? _____ Blood Present? _____
- Coughing? Yes No When did it start? _____
Is the cough *productive*(phlegm/mucous) or *nonproductive*(dry cough)? _____
- Sneezing? Yes No When did it start? _____ Nasal Discharge? _____ Eye Discharge? _____
- Lameness or limping? Yes No When did it start? _____
New or chronic? _____ Which leg/area is sore? _____
Are you giving any medications or supplements for the lameness or limping? Yes No
List medication given, how much given and when last dose was given: _____
- Any masses? Yes No If yes, are any **new**? Please note location: _____



If you have a **CAT** are they (circle one): INDOOR ONLY INDOOR/OUTDOOR OUTDOOR ONLY

Has your cat been bitten by another cat within the last 2 years? Yes No When did the bite occur? _____

Please state briefly why your pet is here today or any additional needs/concerns:

DAY ADMISSIONS ONLY:

Contact Person: _____

Phone #'s: _____ or _____

Bloodwork and other testing may be necessary to find out what is making your pet sick. Should your pet need additional procedures/testing to diagnose, the doctor should:

Initial one of the following options:

_____ Do whatever is necessary to diagnose and treat my pet.

_____ Please call me at the phone numbers above before doing any additional tests.

If I can't be reached by phone then:

_____ Do whatever is necessary.

_____ Only do exam until I can be reached.

Signature _____

Date _____