

**SUMMIT ANIMAL HOSPITAL**  
2708 NW Logan Street ♦ Camas, WA 98607  
360-834-6640

ID #: \_\_\_\_\_

Owner name: \_\_\_\_\_ Patient name: \_\_\_\_\_

Address  Phone #s  e-mail changes: \_\_\_\_\_

Reason for visit today/Briefly describe problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration/length of problem: \_\_\_\_\_

Is your pet currently taking any medications? Including "over the counter" products.

No  Yes, please list: \_\_\_\_\_

Any food or medication sensitivities/allergies:  No  Yes, please list: \_\_\_\_\_

**Appetite/Eating:**  normal  abnormal: \_\_\_\_\_

**Water intake/Drinking:**  normal  abnormal: \_\_\_\_\_

**Bowel movements:**  normal  abnormal: \_\_\_\_\_

**Urination:**  normal  abnormal: \_\_\_\_\_

**Vomiting:**  yes  no, how often \_\_\_\_\_ Describe \_\_\_\_\_

**Sneezing/Coughing:**  yes  no, how often \_\_\_\_\_ Describe \_\_\_\_\_

**Trouble Breathing:**  yes  no, how often \_\_\_\_\_ Describe \_\_\_\_\_

**Energy level:**  normal  abnormal: \_\_\_\_\_

**Current diet:** \_\_\_\_\_

**Environment:** \_\_\_\_\_ % time indoors \_\_\_\_\_ % time outdoors \_\_\_\_\_

**Date of last vaccine** (if not given here): \_\_\_\_\_

**Other:** \_\_\_\_\_

**If sedation/anesthesia is needed:**  authorize –Read below  decline

I have been advised as to the nature of the procedure and the risks involved. I have had the opportunity to have any questions answered. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape, and that risks and probabilities of complications exist in any surgery, anesthesia or medical treatment.

**\*\*PLEASE LEAVE A NUMBER WHERE YOU CAN BE REACHED\*\***

I authorize Summit Animal Hospital to perform a complete examination of my pet. I understand that staff from Summit Animal Hospital will contact me to authorize any further treatment. If I cannot be reached the Doctors will use their best judgment regarding the care of my pet.

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_