



1379 S Voss Rd, Suite E  
Houston, TX 77057  
(713) 304-0525

## MEDICAL CONCERN FORM

Thank you for entrusting your pet's care to us today. The following information will be used to help our veterinary team accurately complete your pet's medical history for their visit. We ask that you provide this information 24 hours in advance. Due to the volume of patients seen per day, patients may not be able to be seen right away. If your pet is in critical condition, we ask that you please contact your nearest veterinary emergency clinic immediately.

Owner's Name: \* \_\_\_\_\_

Phone: \* \_\_\_\_\_ Email: \* \_\_\_\_\_

Pet's Name: \* \_\_\_\_\_ Species:  Dog/Canine  Cat/Feline

### Late arrivals

If you know that you are going to be late, please contact us to see if we are able to keep your appointment. If you are more than 15 minutes late and you do not contact us, your appointment will be automatically cancelled.

Initial: \_\_\_\_\_

### Who should we contact to make medical decisions today? (only one person will be contacted)

Owner (Named Above)  Someone Else (Named Below)

*If someone else, please provide their name:*

\_\_\_\_\_

What is the primary concern for this visit? \_\_\_\_\_

How long has the concern been present? \_\_\_\_\_

Are there any secondary concerns, time permitting, that you would like the veterinarian to address?

\_\_\_\_\_

\_\_\_\_\_

Have you noticed any issues/problems with your pet? Are there any concerns for the following: (check all that apply)

Increase in appetite \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Decrease in appetite \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Increase in drinking \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Decrease in drinking

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Weight Loss

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Weight Gain

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Itching/Scratching

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Shaking Head

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Bad Breath

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Vomiting

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Diarrhea

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Urination Issues

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Excessive Sleeping

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Scooting

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Skin Masses

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Car Sickness

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Behavioral Concern

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Other

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Difficulty Rising (ex. Getting into/out of the car or onto furniture. Difficulty jumping onto window sills, cat trees, etc)

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**When did the problem start?** \_\_\_\_\_

**Have the symptoms worsened, improved, or stayed the same since you first noticed them?**

No change       Worsened       Improved

**Has your pet experienced this problem in the past?\***     Yes       No

*If yes, Please elaborate on it*

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**If your dog is vomiting, is there a chance it could have eaten something it shouldn't?\***

My dog is not vomiting       My dog is vomiting

*If yes, what does the vomit look like? (ex. digested/undigested food, yellow liquid, white liquid)*

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**Is your pet on any over the counter or prescription medications?\***     Yes       No

*If yes, please list current medication*

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**What kind of food do you feed your pet?\*** (specify how much and how often below)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your pet spend time outside, even for walks or in the yard?\***     Yes       No

**Does your pet come into contact with other dogs? (Please check all that apply)**

None       Boarding       Grooming       Dog Parks

Other \_\_\_\_\_

**Has your pet ever had any adverse reaction to any medications, vaccination, or other procedure?**

Yes       No

*If yes, please explain the adverse reaction to any medications, vaccination, or other procedure\**

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**Has your pet any surgical procedures in the past?**     Yes     No

*If so, what was it*

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**Has your pet ever been hospitalized in the past?**     Yes     No

*If yes, please elaborate?*

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**Was your pet last seen by a veterinarian at Memorial Veterinary Clinic?**     Yes     No

**Do you have insurance for your pet?**     Yes     No

**Once your pet's exam is completed, we will contact you to go over the exam findings and recommendations. I understand that financial responsibilities for services are rendered at the time of discharge.**

Initial: \_\_\_\_\_

**I give Memorial Veterinary Clinic authorization to treat as discussed above. \***

Initial: \_\_\_\_\_

**Social Media/Photo Permission: Do we have your permission to post photos of your pet online?**

Yes     No

### **Day Admission:**

**Once your pet has been examined by a veterinarian, we will contact you to discuss the next step in your pet's treatment plan. Please be advised that our team is working hard to treat multiple patients per day. We strongly recommend that the designated contact be available by phone throughout the day, as Day Admissions are based on a triage system. In the event that we cannot reach you after your admission and your pet has been examined by a veterinarian.**

### **How would you prefer us to proceed?**

In the event that I miss the veterinarians call, I prefer to be contacted prior to any additional services being performed beyond an examination and halt treatment. I understand that the veterinarian will wait up to 30 minutes to hear back from me. I understand that by not contacting the veterinarian within the allotted time frame, my pet may be subjected to a delay in treatment.

In the event that I miss the veterinarian's call, I authorize the veterinarian to perform ALL diagnostics and treatments that are recommended.

In the event that I miss the veterinarians call, I only authorize diagnostics and treatments up to a specific dollar amount.

\$250     \$500     \$750     Other: \_\_\_\_\_

*I understand that I am still expected to return the veterinarians call, to discuss the recommended treatment plan.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_