

# Welcome to James River Veterinary Surgery

## Client Information

### Owner:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Driver's License/SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

### Co-Owner/Spouse:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ |  Canine  Feline | Breed: \_\_\_\_\_

Male  Female |  Neutered  Spayed | Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Does anyone else have permission to make decisions on behalf of your pet? Please list name and contact information:

\_\_\_\_\_

May we use information pertaining to your pet and your pet's case including a photo of your pet in our marketing efforts; including but not limited to our website, continuing education, charitable events, etc.?  Yes  No

### Primary Care Veterinarian:

Referring Veterinarian: \_\_\_\_\_ Name of Hospital: \_\_\_\_\_

Other Veterinarian: \_\_\_\_\_

I understand that payment in full is due at the time of service. I agree to assume financial responsibility for all professional fees, and agree to pay JRVS when services are rendered. I understand that a fee of \$50.00 will be incurred for all returned checks and a finance charge of 1.5% per month will be applied to any unpaid balance. JRVS may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Your Pet's Medical History

An accurate and current medical history is one of the most important parts of our medical evaluation. Taking a few moments to fill out this questionnaire will provide our surgeons with insight to your animals' health and could offer assistance to them during the comprehensive physical examination.

What is the primary reason you are seeing a veterinary surgeon?  Orthopedic  Soft Tissue  Neurologic

Describe: \_\_\_\_\_  
\_\_\_\_\_

When did you notice the condition? \_\_\_\_\_

Has your pet's general activity level:  Increased  Decreased  Remained Normal

If increased or decreased, how long? \_\_\_\_\_

When your pet is outside, is she/he confined to a fenced yard or leashed?  Yes  No

Has your pet's water intake been:  Absent  Decreased  Increased  Normal

If abnormal, duration? \_\_\_\_\_

What does your pet's diet consist of:  Commercial Food  Prescription Diet  Table Scraps  Other

Please list food(s): \_\_\_\_\_

When did your pet last eat? Date, time, and what? \_\_\_\_\_

Have you observed any lameness, limping, or difficulty walking?  Yes  No

Which limb(s) are affected?  Right Fore  Left Fore  Right Rear  Left Rear

Please describe other activities causing your pet difficulty? \_\_\_\_\_  
\_\_\_\_\_

Have you noticed any unusual coughing?  Yes  No | Duration? \_\_\_\_\_

Have you noticed any unusual sneezing?  Yes  No | Duration? \_\_\_\_\_

Have you noticed any discharge from the ears, eyes, nose, mouth, rectum, or genitals?  Yes  No

Describe location, discharge characteristics and duration: \_\_\_\_\_  
\_\_\_\_\_

Has there been any consistent vomiting?  Yes  No | Duration? \_\_\_\_\_

Has there been any consistent diarrhea?  Yes  No | Duration? \_\_\_\_\_

Has there been a consistent change in your pet's bowel movement frequency or stool consistency?  Yes  No

If yes, please describe changes and duration of changes: \_\_\_\_\_

### Your Pet's Medical History Continued

Have you observed any changes in your pet's urination behavior or frequency?  Yes  No

Please describe the changes and duration: \_\_\_\_\_

Has your pet ever had a seizure?  Yes  No | Date of last seizure? \_\_\_\_\_

Does your pet take any medication(s) to prevent seizures?  Yes  No

What medication(s), dose, and frequency? \_\_\_\_\_

\_\_\_\_\_

Has your pet traveled out of the Mid-Atlantic States?  Yes  No | If yes, when and where?

\_\_\_\_\_

Are your pet's vaccinations current within the last 12 months?  Yes  No | Year of last rabies vaccine? \_\_\_\_\_

**Please describe all medication (including heartworm prevention and flea control) your pet is currently taking.**

Please list name, strength, and times per day: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever experienced an adverse or allergic reaction to any medication?  Yes  No

If yes, please describe? \_\_\_\_\_

\_\_\_\_\_

Has your pet had any significant injuries, illness, surgery, or medical problems in the past that are not covered in the previous questions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of other pets that share the household:  None Dog(s) \_\_\_\_\_ Cat(s) \_\_\_\_\_ Other \_\_\_\_\_

Please describe other? \_\_\_\_\_

Are any of these pets current or past patients of James River Veterinary Surgery?  Yes  No

If yes, name of pet(s): \_\_\_\_\_