



PRINCETON VETERINARY CLINIC  
— SAN JOSE, CA —

# REQUEST FOR MEDICAL SERVICES

Please complete the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition. We will call on the phone number below to discuss any questions or findings.

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (to be reached today): \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: Dog  Cat  Other

Reason(s) for medical exam: \_\_\_\_\_

How long has the current medical problem occurred? \_\_\_\_\_

Is your pet currently on any medications for this problem? \_\_\_\_\_

Have you noticed any of the following symptoms? (Please check all that apply & describe in detail below.)

Diarrhea  Vomiting

Lethargy

Swelling

Decreased/Increased Thirst

Decreased Appetite

Discharge

Pain

Limping

Discoloration

Nasal Discharge

Coughing

Sneezing

Odor

Urinating/Defecating Problems

Skin Problems

Ear Discharge/Odor

Behavior Problems

Need Products?

Flea/Tick

Heartworm

Diet

Additional Notes for the Doctor: \_\_\_\_\_

Would you like the following performed if due?

Fecal Test \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Vaccinations \_\_\_\_\_

Would you like to be informed of an estimate before diagnostics or treatment is performed? No \_\_\_\_\_  
Yes \_\_\_\_\_ Only if exceeds \$ \_\_\_\_\_

Owner's Signature

I authorize treatment, x-rays, or lab work if the doctor considers this necessary to diagnose the condition(s)

above. Please type your initials here to authorize treatment \_\_\_\_\_