

**Old Dominion Animal Hospital Crozet**  
**1263 PARKVIEW DR**  
**CROZET, VA 22932**  
**(434) 823-4300**

Client Appointment Form

Client name:		Patient name:	
Phone number:		Species:	
		Gender:	Altered? Y / N

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent. If your pet is not current on vaccinations, they will be given today. **I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.**

**Reason For Visit Today:**

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**Please circle yes or no to the following questions:**

1. Is your pet Eating/Drinking Normally? Yes No Explain: \_\_\_\_\_
2. Any Vomiting? Yes No - If yes, how long & how often? \_\_\_\_\_
3. Any Diarrhea? Yes No - If yes, how long & how often? \_\_\_\_\_
4. Does he/she seem painful/limping? Yes No - If yes, where & how long? \_\_\_\_\_
5. Does he/she have any lumps/bumps you would like for us to look at today? Yes No  
If yes, how long have you noticed them & **please show the receptionist or technician** where they are located. \_\_\_\_\_
6. Is he/she on any types of medication (s)? Yes No - If yes, what type (s), how often given and when was the last time it was administered? \_\_\_\_\_
7. Are there any other concerns that you would like to let us know about? Yes No  
Explain: \_\_\_\_\_
8. If I am unavailable when the doctor calls **I authorize a maximum of \$300** for diagnostics to be done to diagnose my pet. (radiographs and/or bloodwork) Yes No
9. Do you need any Simparia Trio(Canine) or Revolution(Feline) today? Yes No  
How many Trio? \_\_\_\_\_ How many Revolution? \_\_\_\_\_
10. Has your address or phone number (s) changed? Yes No

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_