

Cypress Lake Animal and Emergency Hospital

38316 Hwy 929
Prairieville, LA 70769
(225) 313-3057
Fax: (225) 313-4309

Thank you for dropping off your pet with us today! The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Your Name: _____ Your Pet's Name: _____

We will need to be able to contact you or someone with permission to make medical & financial decisions.

1st phone number: _____ 2nd phone number: _____

Reason for today's visit: _____

Is your pet on heartworm prevention? No ___ Yes ___ if yes, what kind? _____

How often do you give it? _____

Is your pet currently taking any daily medications? No: ___ Yes: ___ If so, please fill out the box below:

Medication	How many times a day is it given?	Did he/she have it today?

Is your pet doing anything that is concerning you? Please check all that apply:

Not eating ___ Weight loss ___ Difficulty getting up ___

Drinking more than normal ___ Weight gain ___ Vomiting ___

Drinking less than normal ___ Itching/scratching ___ Diarrhea ___

Excessive sleeping ___ Urination problems ___ Mass/Lesion ___

Coughing ___

Elaborate on all that apply:

Additional services requested today: Anal Gland Expression - \$15 ___ Nail Trim- \$15 ___

I am the owner/agent for described patient and request an exam for my pet. I understand you will contact me after my pet has been examined to discuss recommended diagnostics and treatment.

Signature: _____ Date: _____