Animal Medical Center of Ontario

Advanced Medicine, Compassionate Care

Robert J. Mueller , DVM
Susan J. Burkhart, DVM

Office phone: (419) 529 – 5052
2211 Village Mall Drive
Mansfield, Ohio 44906

REQUEST FOR MEDICAL SERVICES

Because of your absence during your pet's medical exam, please complete the following as thoroughly as possible so the doctor can accurately diagnose your pet's condition.

Pet's Name/Owner's Name: ____ Date: ______________

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 ____
Decreased/Increased Thirst ____
Pain ____
Nasal Discharge ____
Odor ____

Lethargy ____
Decreased Appetite ____
Limping ____
Coughing ____
Urinating/Defecating Problems ____
Ear Discharge/Odor ____

Swelling ____
Discharge ____
Discoloration ____
Sneezing ____
Skin Problems ____
Behavior Problems ____

Description: ____

____

Would you like the following performed if due? Fecal Test ____ Heartworm Test ____ Vaccinations ____

Owner's Signature authorizing consent for treatment, x-rays, or lab work if the doctor considers this necessary to diagnose the condition(s) above: ____

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

Phone number(s) where you can be reached today: ____