



Olympia Veterinary Specialists: The Cancer Center

Client Information

Owner's Name: _____ Cell: _____
Last Name First Name MI

Co-Owner's Name: _____ Cell: _____
Last Name First Name MI

Phone: Home _____ Work _____ Other _____

Address: _____
Street City State Zip

E-Mail: _____ Preferred Pharmacy: _____
This is for communication purposes only. No Marketing. In case medications need to be filled outside the hospital.

Preferred Method of Contact:

Cell Phone Home Phone Work Phone Email

Pet Information

Pet's Name: _____ Species: Cat / Dog / Other: _____ Breed _____
Color: _____ Sex: M / F Neutered/Spayed: Yes / No Birth Date/Age: _____

Referral Information

Referral Hospital: _____
Primary Veterinary Hospital (if different from referral hospital): _____

Presenting Complaint

Presenting Complaint: _____
Duration: _____

In last two weeks my pet has experienced (check all that apply):

Vomiting Diarrhea Sneezing/coughing Increased drinking/urination Weight Loss

Please see and complete Page 2



Medical Information

Owner's Name: _____ Pet's Name _____

Diagnostics already performed by your veterinarian in last month (if known)

Check all that apply: Blood work Radiographs Aspirate/Biopsy Ultrasound

Previous and Current Medications, Supplements, Vitamins (etc.)

	Medication Name	Size (mg)	Dose (1 tab, 1/2 tab, etc.)	Frequency	Date Started	Last Dose	To be given by staff today?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Did medication help with symptoms? _____

When did your pet last have food/treats/grass? _____

What type of food is your pet currently eating? _____

Any other issues, concerns, or allergies? _____

In the event of a medical emergency, I want OVS to (check one):

begin CPR or

Do Not Resuscitate

Calls will *always* be made to you, should an emergency occur

Please note: CPR may have additional costs associated

Authorization for Treatment

Please circle: I **authorize**/**do not authorize** the use of photos of my pets in presentations and/or on social media

I hereby authorize the staff of Olympia Veterinary Specialists: The Cancer Center to render any treatment that is deemed medically necessary to my pet while in custody of the hospital. I understand that in the event of unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature: _____ Date: _____