



Clarington
Animal
Hospital

Appointment Form

If you don't have an appointment yet, please **Request an Appointment** or call us at **905-404-2030**.

Date of scheduled appointment: _____

Time of scheduled appointment: Morning Afternoon Evening

Client Name: _____ **Pet's Name:** _____ **Cell Phone #:** _____

Email Address: _____

Primary reason for visit:

If your pet is being vaccinated today, has there been any previous problems after your pet's last vaccination? (ie: allergic reactions, face swelling, lethargic, painful, vomiting, diarrhea):

If your pet is a feline, do they go outside?: _____

What food is your pet currently eating?: _____

Has your pet's appetite changed in recent months? If so, how?:

Have you noticed any vomiting or diarrhea lately? If yes, please describe in detail:

Has your pet's activity level changed recently? If yes, please describe in detail:

Has your pet been sneezing or coughing recently? If so, has your pet been boarded, or around other dogs on walks or at dog parks?:

Does your pet seem painful, or is limping? If so, please explain in detail, including the body part that you feel your pet is having trouble with:

Is your pet currently on any supplements or medications? If so, please tell us which ones:

Does your pet need any medications refilled, or food to take home today?:

Can we help in any other way?:
