

Red Barn Veterinary Service LLC

1520 1300th Street
 Iola, KS 66749
 620-365-3964

Thank you for giving us the opportunity to care for your pet. Please look over and edit the information contained in this form and fill any blanks completely, so we may update your records to serve you better.

Date _____

Name _____

Address _____

Phone _____

Cell phone _____

Email _____

Patient we are seeing today: _____ Age: _____

Breed: _____ Male/Female: _____ Neuter/Spay _____

Please indicate any of the conditions below that apply to help us develop a more complete picture of your pet's health.

Weight gain?	Lumps/Tumors?	Decreased awareness; gets confused or lost?	List current medications below -
Weight loss?	Skin problems?	Decreased recognition / interaction with owners?	
Appetite increase?	Bad breath/Sore gums?	Confused/Lost?	
Appetite decrease?	House soiling/Spraying/	Decreased affection?	
Vomiting?	Decreased hearing?	Increased irritability/aggression?	
Diarrhea?	Decreased grooming or self-care?	Increased fear / anxiety?	
Constipation/Straining?	Repetitive behaviors; pacing, over-grooming?	Decreased tolerance of handling?	
Increased urination?	Excessive vocalization?	Difficulty with stairs / stiffness?	
Increased drinking?	Decreased activity / increased sleeping?	Weakness / Incoordination?	
Shaking / scratching ears?	Waking at night?	Muscle tremors / shaking?	

Any other issues? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I further understand that any estimate given is non-binding and final charges may be higher or lower than the estimate.

Signature of owner or agent: _____ Date: _____

Method of payment: M/C or Visa _____ Check _____ Cash _____ Money Order _____