



Windermere Animal Hospital
Dr Reddy, DVM
4415 Front Nine Drive, Suite 900
Cumming, GA 30041
P: 770/887-0676
F: 770/887-0675

Date: ___/___/___

Owner's Name: _____ Pet's Name: _____

Phone Number: _____

Please mark your pets symptoms and explain in the space provided

Vomiting Diarrhea Coughing Ear Problems Lameness Difficult Urination
Sneezing Ear Problems Constipation Skin Problems Lack of Appetite Scratching Lethargy
Yearly Vaccinations Other

Explain: _____

Number of days the problem has persisted: _____

Most recent meal: _____

Type of food eaten: _____

Last normal bowel movement: _____

Last urination: _____

Is your pet on any medication? YES / NO

Explain: _____

List any previously diagnosed conditions: _____

Is your pet allergic to any food or medication? Yes/ No

If yes, please explain: _____

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be

achieved. I agree to assume financial responsibility and provide payment via cash, credit card, or check. I have read fully and understand the terms and conditions set forth above.

Signature of owner or authorized agent

Date