



THE SAMS CLINIC
Veterinary Specialists

EMPHASIZING MINIMALLY INVASIVE DIAGNOSIS AND TREATMENT

Patient Name _____ **Today's Date** _____

Referring Veterinarian/ Clinic Name _____

Referring Doctor Name _____

Did your veterinarian refer you to us for this problem Yes No

Reason for today's visit _____ **If no who can we thank for this referral?** _____

Forelimb Left Right _____

Rearlimb Left Right _____

Other _____

How long has your pet had this problem? _____

Sudden or gradual in onset? _____

Is this problem worse, better or is there no change with exercise ? _____

Previous treatments/surgeries for this problem _____

Other existing problems _____

Allergies or sensitivities (food and/or medication) _____

Owners Consent to Treatment:

The doctors and/or technicians may need to administer a sedative, take x-rays and/or perform blood work to diagnose your pet's ailment. Do you consent to these procedures?
 Yes No.

I assume all financial responsibility for fees related to these procedures and will provide full payment at the time my pet is discharged from the Sams Clinic.

Signature _____ Date _____