

# Patient Check In

Northside Pet Clinic, PLLC  
4066 Northview Drive  
Jackson, MS 39206  
Telephone: 601-366-1461

Owner:	Pet's Name:
Best Number for Today:	Breed:
Emergency Contact:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>
Emergency Phone Number:	Age:

Reason for today's visit: \_\_\_\_\_  
\_\_\_\_\_

Vaccination history if not done here: (Name of vaccine and clinic in which it was given) \_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Coughing                      | <input type="checkbox"/> Gagging      | <input type="checkbox"/> Lack of Appetite |
| <input type="checkbox"/> Sneezing                      | <input type="checkbox"/> Limping      | <input type="checkbox"/> Loss of Balance  |
| <input type="checkbox"/> Vomiting                      | <input type="checkbox"/> Scooting     | <input type="checkbox"/> Scratching       |
| <input type="checkbox"/> Diarrhea                      | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Weakness         |
| <input type="checkbox"/> Increased Thirst or Urination | <input type="checkbox"/> Other _____  |   |

Pet's current medications: (Including Heartworm and Flea Prevention) \_\_\_\_\_  
\_\_\_\_\_

Pet's diet: (Including treats and table food if given) \_\_\_\_\_  
\_\_\_\_\_

## Authorization:

I hereby authorize the veterinarian and staff to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment for these charges are due at the time of discharge, and that a deposit may be required prior to treatment.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment:  Cash  Check  Card