



Dr. Richard A. Goldman & Associates
4209 NW 37th Place, Gainesville, FL 32606
Phone: 352-373-8055
Fax: 352-373-1310

Please Print out this form and Fax or return to MVMC.

Examination Information Sheet

If any necessary treatments are recommended that pertain to my pet's problem today (please initial one)

_____ MVMC has my permission to perform them without further contact as long as the cost does not exceed \$100.

_____ MVMC has my permission to perform them without further contact not matter what the total cost will be.

Client Name _____ Pet's Name _____

Species _____ Breed _____ Pet's Age _____

What are your pet's PRIMARY SYMPTOMS today?

When did you first notice the problem? _____

Has your pet: improved _____ gotten worse _____ stayed the same _____

Is your pet: indoor only _____ indoor/outdoor _____ outdoor only _____

Is he/she in contact with other animals? Yes _____ No _____ If yes, are they healthy? _____

Has there been any: coughing _____ sneezing _____ vomiting _____ diarrhea _____

Other symptoms the doctor should know about? _____

Water consumption has: increased _____ decreased _____ stayed the same _____

Urination has: increased _____ decreased _____ stayed the same _____

Appetite has: increased _____ decreased _____ stayed the same _____

What is your pet's current diet? (please include all treats, etc.)

Has there been any recent changes in your pet's diet or environment? (Please include any trips he/she may have taken or visitors to your house)

Please list all medications he/she is currently receiving:

Heartworm preventative: Heartguard _____ Interceptor _____ Sentinel _____ Other _____

Flea preventative: Advantage _____ Frontline Topshot _____ Program _____ Other _____

Please list all other medications he/she is receiving including name, dosage, and administration frequency.
