Today's Visit Form + Telemedicine Consent

2030 W Baseline Rd. #182-4238
Phoenix, AZ 85041
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1. Reason for Today's Visit

Briefly describe what is going on with your pet today:

_____

_____

How long has this been happening?

_____

Symptoms getting:
☐ Better ☐ Worse ☐ Same

_____

Current medications and supplements list:

_____

Weight (current): _____pounds
☐ Estimated ☐ Weighed/Calculated today

2. Basic Health Questions

Indoor or Outdoor:
☐ Indoor ☐ Outdoor ☐ Both

Appetite:
☐ Normal ☐ Increased ☐ Decreased Comments:
_____

Current Food Brand / Diet:

Drinking / Thirst:
☐ Normal ☐ Increased ☐ Decreased

Coughing? ☐ Yes ☐ No **Sneezing?** ☐ Yes ☐ No **Vomiting?** ☐ Yes ☐ No
If yes, describe: _____

Bowel Movements:
☐ Normal ☐ Diarrhea ☐ Constipation Other: _____

Urine:
☐ Normal ☐ Increased ☐ Decreased ☐ Straining ☐ Accidents

Energy Level:
☐ Normal ☐ Low ☐ High Comments: _____

Other Pets in the Home (species):

Recent Blood Work?
☐ Yes (When? _____) ☐ No

Vaccine Status:
☐ Up to date ☐ Not sure ☐ Overdue

Behavior:
☐ Normal ☐ Changes noted: _____

Other Medical History:

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3. Telemedicine Consent (Required by Arizona Law)

(Initial each line)

____ I understand this is a remote audio/video consultation.

____ I understand a physical examination may still be required to diagnose or treat my pet.

____ I understand that telemedicine has limitations and some conditions cannot be assessed remotely.

____ I understand that controlled substances **cannot** be prescribed via telemedicine alone.

____ I will provide accurate and complete information about my pet's health and symptoms.

____ I understand this service is **not for emergencies** (trouble breathing, collapse, trauma, poisoning, seizures, severe pain, etc.).

____ I understand the veterinarian may recommend in-person follow-up care if needed.

____ Backup phone number if the connection drops:

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4. Acknowledgment of Telemedicine Limitations

By signing, I acknowledge and agree to the limitations of telemedicine, including:

- No physical examination
- Potential need for diagnostics or in-person follow-up
- Limited ability to assess emergencies
- Dependence on the accuracy of the information I provide

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5. Signature

By signing, I consent to the use of telemedicine for my pet's care today.

Owner Signature: _____
Date: ____ / ____ / _____