



BIRMINGHAM ANIMAL HOSPITAL + RESORT

Medical Concern Form

Pet Name	
Client Name	
Phone Number	
Email	
Emergency Contact	
Phone Number	

Reason for visit:

Illness

Injury

Other - Explain: _____

Current medications: _____

What symptoms has your pet been experiencing? _____

Are there any concerns for the following? (Check all that apply):

Increase in appetite

Weight Loss

Behavioral Problem

Decrease in appetite

Weight Gain

Urination Issues

Increase in drinking

Scooting

Bad Breath

Decrease in drinking

Licking

Anxiety

Itching/Scratching

Diarrhea

Vomiting

Masses - Explain: _____

Other - Explain: _____

When did the problem start? _____

Has your Pet been treated for the same condition in the past? No / Yes

Do you need additional services? No / Yes – Explain: _____

Owner Signature: _____

Date: _____

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