



4250 East Chapman Ave., Orange, CA 92869 | Phone: (714) 633-9780 Fax: (714) 639-8748 | www.eastchapmanvet.com

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Once you have booked your appointment, please complete your curbside check-in form online or download and print it for submission upon your arrival. Once you arrive for your appointment, please call us at 714-633-9780 (or text) and a member of our team will meet you at your car to retrieve your pet. Please ensure that we have all current medical records from other hospitals as needed.

\*In the interest of managing public health issues surrounding Covid-19, please notify us before arriving if you are experiencing ANY of the following: coughing, fever, upper respiratory signs, headache, international travels or travels by airplane to hot spots within the U.S., etc. This will allow us to plan for the necessary steps in order to keep our staff safe so that we can continue helping our clients and patients. Please remember, a mask is always required. Thank you for your understanding.

**I am in this vehicle:** \_\_\_\_\_

**Best phone number to reach you today:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Patient's name:** \_\_\_\_\_

**Patient's age:** \_\_\_\_\_

**Owner's name:** \_\_\_\_\_

**Have you booked your appointment yet?** \_\_\_\_\_

**If you have an appointment what is the date and time?** \_\_\_\_\_

**Primary reason for appointment today (Please be as detailed as possible including duration of symptoms, if applicable):**

**Patient's energy level:** \_\_\_\_\_

**Patient's appetite:** \_\_\_\_\_

**Patient's water intake:** \_\_\_\_\_

**Is your companion animal exhibiting any of the following symptoms?**

**Coughing:** \_\_\_\_\_ **Sneezing:** \_\_\_\_\_ **Vomiting:** \_\_\_\_\_ **Diarrhea:** \_\_\_\_\_



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List all medications that your companion animal is currently taking (including dosage, frequency, parasite prevention, over the counter, etc.):

Do you need refills of any of these medications? \_\_\_\_\_

Please list what diet your pet eats (include brand, amount, feeding schedule, treats):

Is your companion animal current on:

Vaccinations: \_\_\_\_\_

Annual heart worm test: \_\_\_\_\_

Annual fecal test: \_\_\_\_\_

Does your companion animal go to:

Grooming: \_\_\_\_\_

Dog parks: \_\_\_\_\_

Boarding: \_\_\_\_\_

Have you or your pet traveled out of the area?

Are you currently showing any of the following signs: fever, cough, respiratory signs, headache, or others?

or have been exposed to someone who has been sick/ diagnosed as positive with Covid-19 in the last month?

Additional comments: