

DROP OFF EXAMINATION QUESTIONNAIRE

What will we be seeing your pet for today?

Primary symptoms:

___vomiting ___blood in urine ___itching ___painful ___diarrhea ___coughing ___hair loss ___growth/
lump: (location)_____ ___blood in stool ___sneezing ___tired/ lethargic ___ears ___urinary
accidents ___difficulty breathing ___inappetence/ anorexia ___eyes ___difficulty urinating
___lameness/ limping ___increased thirst ___behavior problems/ anxiety ___weakness
___weight loss ___wound ___bad breath ___other: _____

When did your pet last eat?

Is your pet up to date on vaccinations?

Any relevant previous medical illness/ surgeries?

What medications and/ or supplements does your pet currently receive? Refills needed?

- If so, when was the last dose given?

What do you use for flea/ tick/ heart worm prevention?

- How frequently do you administer these medications?

What is your pet's diet?

Has your pet been seen by another veterinarian for treatment?

- If so, what is the name of the clinic and may we have permission to access previous records?

When did you first notice your pet's symptoms and have they improved/ worsened/ or stayed the same?

Has your pet had any known reactions to medications or vaccines of any kind?

- If so, which medications/ vaccines and when?

Are there any other pets in the household and if so are they exhibiting similar symptoms?

Has your pet been to the groomer, kennel, or dog park recently?

Do you practice any dental care for your pet at home?

Request for non-illness related care:

___nail trim ___anal gland expression ___fecal sample ___bloodwork ___heart worm test ___FIV/
FELV test ___Canine Vaccines (circle): Rabies, Distemper, Leptospirosis, Bordetella, Lyme, Flu ___Feline
Vaccines (circle): Rabies, Feline distemper (FRCP) , Leukemia

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Please indicate whether you would like us to:

___ call you when examination is complete for a treatment estimate

___ call you if treatment fee will be over \$_____

___ treat as necessary

I am the owner for described animal and hereby authorize and request an examination for my pet. I authorize anesthesia, surgery, medications, bloodworm, radiographs, and any other medical procedure deemed appropriate and medically necessary for my pet. I understand and accept the inherent risks of medical treatment, surgery, and anesthesia, including death. I understand payment is due prior to the discharge of my pet; a deposit may be required after an estimate has been furnished. I accept financial responsibility for charges incurred for this animal.

Signature: _____ Date: _____

Contact Number: _____ Alternate number: _____