

## Animal Drop-off Questionnaire

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Are vaccines current? (Yes)or(No) Spayed/Neutered? (Yes)or(No) On heartworm prevention? (Yes)or(No)

Current Medications/Supplements \_\_\_\_\_

Primary Complaint: \_\_\_\_\_ Duration of Issue(s): \_\_\_\_\_

**CATS ONLY**- Are you able to give oral meds? (Yes) or (No) If No, would you prefer injectable? (Yes) or (No)

### Possible symptoms (Please circle all present and describe if applicable)

Vomiting: \_\_\_\_\_ When relation to feeding? \_\_\_\_\_

Diarrhea: \_\_\_\_\_ Any blood? (Yes) or (No)

Constipation: \_\_\_\_\_ When was the last bowel movement? \_\_\_\_\_

Coughing: Congestive(wheezing) or Gagging(hacking/nonproductive) \_\_\_\_\_

Skin problems: \_\_\_\_\_

Itching: \_\_\_\_\_

Appetite: (Absent, Decreased, Normal, Increased) \_\_\_\_\_

Thirst: (Absent, Decreased, Normal, Increased) \_\_\_\_\_

Urination: (more frequent or less frequent) \_\_\_\_\_ (large or small amounts) \_\_\_\_\_

(Difficult) urination or (No) urination? \_\_\_\_\_ Blood present? Odor? Discolored? Other? \_\_\_\_\_

Lethargy: \_\_\_\_\_

Salivation: \_\_\_\_\_

Increased or decreased temperature: \_\_\_\_\_

Seizures: \_\_\_\_\_ When was first one? \_\_\_\_\_ Duration? \_\_\_\_\_

Behavioral changes: \_\_\_\_\_

Lameness: (which leg) \_\_\_\_\_ Shifting leg? \_\_\_\_\_ Swelling present? \_\_\_\_\_

Injury: \_\_\_\_\_

Eye(s): \_\_\_\_\_ Trouble seeing? \_\_\_\_\_ Duration \_\_\_\_\_

Ear(s): \_\_\_\_\_ Shaking head? \_\_\_\_\_ Odor? \_\_\_\_\_ Duration \_\_\_\_\_

Mouth/Teeth: \_\_\_\_\_ Trouble eating? \_\_\_\_\_ Appears painful \_\_\_\_\_

Rectum: \_\_\_\_\_ Scooting/Licking? \_\_\_\_\_ Duration \_\_\_\_\_

Growth(s): with location: \_\_\_\_\_

Other: \_\_\_\_\_

Brand of food being fed: \_\_\_\_\_ How often: \_\_\_\_\_ Treat(s) \_\_\_\_\_

Is there any use of insecticides on the pet? If so what kind? \_\_\_\_\_

Is there any use of insecticides or other chemicals in the yard or house? \_\_\_\_\_

Is the pet(indoor only) or (indoor/outdoor) or (outdoor only)? \_\_\_\_\_

Does the owner authorize diagnostics to be performed (i.e. Bloodwork and x-rays) up to **\$550**? (Yes) or (No)

Does the owner authorize treatment up to **\$250**? (Yes) or (No)

Has the pet bitten anyone in the last ten days for any reason? (Yes) or (No) If so, when? \_\_\_\_\_

Who? \_\_\_\_\_ Where? \_\_\_\_\_ Why? \_\_\_\_\_

Contact number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_