

Animal Drop-Off Questionnaire

Date: _____ Pet's Name: _____ Owner's Name: _____

Are vaccinations current? (**Yes**) or (**No**) On heartworm prevention? (**Yes**) or (**No**)

Spayed/Neutered (**Yes**) or (**No**)

Current Medications/Supplements: _____

Primary Complaint: _____

Duration of issue(s): _____

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

Vomiting _____

When in relation to feeding? _____

Diarrhea _____

Any blood? (**Yes**) or (**No**)

Constipation _____

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 _____

Weakness _____

Salivation _____

Increased or decreased temperature _____

Seizuring _____

Behavioral changes _____

Lameness (which leg) _____

Shifting leg? _____ Swelling present? _____

Injury _____

Eyes _____

Ears _____

Mouth/Teeth _____

Rectum _____

Growths (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 to perform diagnostics (i.e. Bloodwork and X-Rays) up to \$380? (**Yes**) or (**No**)

Does the owner authorize treatment? (**Yes**) or (**No**).

Requested work to be performed: _____

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: _____