

**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 \$400? **(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: \_\_\_\_\_