

Animal Drop-Off Questionnaire

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

Are vaccinations current? (Yes) or (No) Is the pet on heartworm prevention? (Yes) or (No)

Spayed/Neutered (Yes) or (No)

Primary Complaint _____

Duration of issue(s) _____

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

Vomiting _____

When in relation to feeding? _____

Diarrhea _____

Any blood? _____

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? _____

Blood present? Odor? Discolored? _____

Difficult urination or no urination _____

Lethargy _____

Weakness _____

Salivation _____

Increased or decreased temperature _____

Seizuring _____

Behavioral changes _____

Lameness (which leg) _____

Shifting leg? _____ Swelling present? _____

Injury _____

Eyes _____

Ears _____

Mouth/Teeth _____

Rectum _____

Growths (location) _____

Other _____

Brand of food being fed? _____

How often? _____ Snack(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 \$360? (Yes) (No)

Should the owner be contacted before any treatment, besides the examination? (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? _____

Telephone Number(s) Home: _____ Cell: _____ Work: _____