



PATIENT DROP-OFF INFORMATION

Owner: _____
Pet: _____
Date: _____



Our goal, as always, is to help your "best friend" live a long, happy and healthy life.

We have arranged for you to leave your pet here today to allow our doctors to examine your pet as soon as possible. Please read through the following questions and answer any that may apply to your pet today. Please read and sign the authorization at the bottom of this form.

Please describe in your own words what seems to be the problem and indicate the body part that is affected:

Everything was okay with my pet until: _____

- Since then:
- My pet is acting: Normal Lethargic Aggressive
 - Appetite is: Normal Poor Excessive
 - When and what did your pet eat last? _____
 - Water intake is: Normal Poor Excessive
 - Urination is: Normal Straining More Frequent
 - Stool is: Normal Watery/Soft Constipated Diarrhea
 - Any garbage or plant exposure? Yes No Type: _____
 - Vomiting? None Yes What Color: _____
 - Recent diet change? Yes No
 - Skin is: Normal Itchy Spots Lumps/Warts
 - Ears are: Normal Smelly Hairy
 - Seizure: No History First Time Epileptic
 - Weight: Normal Recent Gain Recent Loss

Please list any additional problems:

List all medications or supplements your pet is receiving and in what dosage:

Phone where you can be reached today:
Phone#: _____
Cell#: _____
Alternate (agent) person's name and phone number: _____

Any comments or questions you may have for the doctor:

Does the Veterinarian need to call you with an estimate before any treatments or diagnostics? Yes No

Client Signature/Date: _____