



DROP OFF EXAM FORM

In order to provide your pet with the best possible care and evaluation in your absence please take a few minutes to fill out this medical history questionnaire.

I understand my pet may NOT be seen until the end of day due to scheduled appointments, surgeries, and emergencies taking priority.

Owner Name: _____

Pet Name: _____

Phone Number Where I Can Be Reached: _____

Alternate Phone Number: _____

Briefly describe the reason for your pet's visit today:

When did the problem begin? _____

Has this been a reoccurring issue? _____

Have you noticed any other recent abnormalities or problems?

Is your pet currently on any medication/supplements?

Name of medication(s)/supplement(s): _____

Last Administered? _____

Please circle where applicable:

- Outdoor Activity YES NO Where/When? _____
- Trouble Breathing YES NO If yes, How long? _____
- Appetite YES NO Food given today? _____
- Vomiting YES NO How often? _____
- Diarrhea YES NO How often? _____
- Coughing YES NO Daily Pattern? _____
- Sneezing YES NO Nasal Discharge? _____
- Limping YES NO Which leg? _____ How long? _____
- Thirst MORE LESS UNSURE
- Urination MORE LESS UNSURE Blood? _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

A) I agree to pay for medical treatment up to \$350.00. If treatment exceeds this amount, we will contact you with an estimate.

X _____ Date _____

Owner's Signature

B) I would like to be CALLED TO DISCUSS medical recommendations and estimated fees BEFORE treatment begins.

X _____ Date _____

Owner's Signature