

PATIENT DROP OFF INFORMATION

Client Name: _____

Date: _____

Pet Name: _____

Contact Phone # for today: _____

In order for your pet to receive the fastest, most accurate diagnosis and treatment, your veterinarian would like the most COMPLETE history available.

The main complaint for today is _____

When did the symptoms begin? _____

Are you aware of a specific probable cause for today's condition? (Example: Eating something bad, physical trauma, chronic conditions etc.) No Yes If Yes please explain: _____

Please list current medications your pet is taking: _____

Is your pet eating? No, not at all Less than normal Yes, Normally More than normal If different from Normal, for how long? _____

Is your pet drinking? No, not at all Less than normal Yes, Normally More than normal If different from Normal, for how long? _____

Is your pet vomiting? No Yes If yes, how frequently? _____

And when did it start? _____

Is your pet having normal bowel movements?

Yes No, diarrhea No, firm and round Outside of litter box I Don't know If other than normal, How frequently? _____

When did it start? _____ Any Blood? No Yes Straining

Is your pet having normal urine production? Yes No, less than normal Accidents (where? _____)

Straining Blood I Don't know

Activity Level More than normal Normal Slightly less than normal Significantly less than normal

Blood work/fecal exam: Is it okay if we run blood work or a fecal exam if needed to help diagnose your pet?

Yes No Call first after exam Okay to run Diagnostic tests if less than

\$_____.

Please list any additional thoughts or comments for the Veterinarian:
