

**Patient Drop Off Information**

**In order for your pet to receive the most accurate diagnosis and treatment, your veterinarian would like the most complete history possible.**

**Please answer all the questions to the best of your knowledge.**

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Contact Phone Number For Today** \_\_\_\_\_

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, or chronic conditions, etc.

No  Yes If yes, please explain: \_\_\_\_\_

Is your pet taking any medications? \_\_\_\_\_

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 water?  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 frequent? \_\_\_\_\_ When did it start? \_\_\_\_\_

Is your pet having normal bowel movements?  Yes  No, diarrhea  No, firm and hard  Outside of litter box  I don't know

If other than normal, please explain. \_\_\_\_\_ When did it start? \_\_\_\_\_

Is your pet having normal urine production?  No, not at all  Less than normal  Yes, normally  More than normal  Accidental

Straining to urinate  Bloody  I don't know

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

Bloodwork/ 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 \$ \_\_\_\_\_

**Consent/Anesthesia Release**

I elect to leave my pet in your care for treatment, including surgery. We will use all reasonable precautions against injury, escape, or death of your pet. I understand that all anesthesia involves some minimal risk to my pet, but Kapaa Animal Clinic will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. Also, if I fail to retrieve my pet when it is ready for release after reasonable efforts by Kapaa Animal Clinic to notify me that the pet's treatment has been concluded, I hereby specifically consent to the surrender of the ownership and possession of my pet to Kapaa Animal Clinic.

Signature of owner/agent \_\_\_\_\_