

Drop-Off Information Form

NAME: _____ Age: _____ Sex: _____

Please answer the following questions to help the Doctors determine what treatment/test may need to be performed.

1. Primary problem: _____

Duration: _____ Days _____ Weeks _____ Months
Improving? _____ Staying the same? _____ Getting worse? _____

2. Any other problems? _____

3. Medications: _____

Heartworm Prevention Y / N If Yes what brand: _____

Flea Prevention Y / N If Yes what brand: _____

4. Diet- What brand of food? _____

Appetite: Increasing / Same / Decreasing
Water Intake: Increasing / Same / Decreasing
Do you feed any table scraps? Y / N
Have they got into the trash? Y / N

5. Active Level: Increased Stayed the same Decreased

6. How long have you owned your pet? _____

What % of time does your pet spend Indoors _____ Outdoors _____

If your pet is outdoors are they confined or runfree?

7. Diarrhea: How long? _____ How Often? _____

Color? _____ Consistency? _____

8. Urination: Color? _____ How Often? _____

Amount: Increased / Same / Decreased Straining: Y / N

9. Vomiting: How long? _____ How Often? _____

Color? _____ Food in it? Y / N

10. To rule out and identify the problem(s) your pet is experiencing, does the doctor have permission to do the following: (Please check)

X-ray: _____ (\$50 ea) Bloodwork: _____ (\$95-180) Fecal: _____ (\$30-40)

Heartworm/Felv Test: _____ (\$42/47) Urinalysis: _____ (\$39-45)

Other: _____ Sedation for diagnostics (if needed): _____

Signature: _____ Date: _____

Daytime Phone Number: _____ Best time to call _____