



**SOUTHRIDGE  
Animal Clinic**  
**PET DROP-OFF FORM**

*Thank you for giving us the opportunity to care for your pet.  
So that we may better serve you and your pet,  
please complete the following information.*

To assist the doctor in the assessment of your pet, please take just a few moments to complete this form. These are the same questions that our staff would ask during an appointment. This information allows us to proceed with a quick and accurate diagnostic/treatment plan.  
**Please do not leave any answers blank.**

**DATE:** \_\_\_\_\_

**OWNER INFORMATION**

**Owner's Name:** \_\_\_\_\_

Phone number that we can reach you: \_\_\_\_\_

Hours we can reach you at this number: \_\_\_\_\_

**PET INFORMATION**

**Pet's Name:** \_\_\_\_\_

*Please circle:*

**Species:** Dog Cat Other: \_\_\_\_\_

**Gender:** Male Female Spayed/Neutered? Yes No

**HEALTH QUESTIONNAIRE**

**1) Please circle any symptoms or changes you have observed with your pet:**

- Appetite Activity Behavior Bleeding Breathing Chewing Coughing Cuts Diarrhea Discharge  
Drooling Eyes Ears Fever Frightened Gagging Gait Growths Hiding Itching Lethargy Limping  
Lumps Odor Pain Rash Retching Seizures Scabs Scooting Scratching Shedding Skin Sneezing  
Sores Stools Straining Swallowing Swelling Tearing Thirst Trembling Twitching Urine Vomiting  
Weight Wheezing Whimpering Whining

**Please describe in detail the issue(s) with your pet that you would like the vet to address today:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice these symptoms? \_\_\_\_\_

Is there a history of any similar illness in the past? Yes No *\*If yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

2) Does your pet have any previous or ongoing conditions or illnesses? Yes No *\*If yes, please explain:*

3) Please explain/list how much time your pet spends outdoors. (This includes trips outside to use the bathroom, playtime in the yard, neighborhood walks, trips to the dog park, hiking, swimming, camping, etc.)

4) Have there been any recent changes inside or outside your home, including but not limited to: new pets, people, furniture, construction, etc.?: Yes No *\*If yes, please explain:*

5) Please list ALL medications & supplements (besides heartworm and flea & tick medications) your pet currently uses: *\*include any medication you have given recently to control any symptoms you have noted above. (Aspirin, Immodium, Pepcid AC, etc.)*

_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____

6) Is your pet currently on heartworm prevention?: Yes No

*\*If yes, what kind?:* \_\_\_\_\_

Do you give this year-round?: Yes No

When was the last dose given?: \_\_\_\_\_

7) Is your pet currently on flea and tick prevention?: Yes No

*\*If yes, what kind?:* \_\_\_\_\_

Do you give this year-round?: Yes No

When was the last dose given?: \_\_\_\_\_

8) Is your pet eating and drinking ok? Yes No *\*If no, please elaborate:*

9) What does your pet eat?

Diet (Food Brand): \_\_\_\_\_ Please circle: Dry Canned Both

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ *\*Check here if Free-fed* \_\_\_\_\_

Treats: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Frequency: \_\_\_\_\_

Does your pet get ANY people food or table scraps: Yes No *\*If Yes: what, how much and how recently?*

---

---

---

---

10) Please list any other pets you have:

---

---

---

Have any of them been ill?: Yes No *\*If yes, please describe how:*

---

---

---

11) Please provide any other information that you feel would be helpful to the doctor:

---

---

---

SINCE YOU ARE DROPPING YOUR PET OFF PLEASE UNDERSTAND THAT IT IS VERY IMPORTANT THAT WE BE ABLE TO CONTACT YOU FOR FURTHER INFORMATION AND IN ORDER TO GET YOUR PERMISSION TO PROCEED WITH VARIOUS DIAGNOSTIC WORK OR TREATMENT WHICH WE DID NOT GET YOUR CONSENT FOR PREVIOUSLY.

FOR STAFF TO FILL IN:

**PLEASE DO NOT SIGN BELOW UNTIL THE STAFF HAS COMPLETED THIS.**

Listed below are the diagnostics and treatments the veterinarian deems necessary at this time.

Diagnostics/Treatments

Cost

---

---

---

---

---

---

---

---

I, \_\_\_\_\_, (Print Name) certify that I am the owner or legal agent for the above mentioned animal. I understand that during the performance of the procedures above, unforeseen conditions may be revealed that necessitate an extension of the procedures, or different procedures than those set forth above. Therefore, I consent to and authorize the performance of all procedures that are necessary and desirable in the exercise of the veterinarian's professional judgment.

I have read and understand this authorization and consent.

---

Signature of owner or legal agent