

Pet Drop-Off Medical Information Form

Owner's Name _____ Pet's Name _____ Phone (_____) _____
Reason for today's visit? _____

If sick, how long? _____

Current Diet _____ Meals per day 1 2 3 Table scraps Y / N

Did your pet: eat today? Y / N have a bowel movement today? Y / N urinate today? Y / N

Recent Pet Medical History

Please Circle Yes or No & Describe

Currently taking daily medications? Y / N _____

Allergic to any medications? Y / N _____

Vomiting? Y / N How long? _____

Limping? Which leg? RF RR LF LR Y / N How long? _____

Bad breath? Y / N How long? _____

Behavioral changes? Y / N How long? _____

Urinating more / less than usual? Y / N If yes, circle which one. How long? _____

Diarrhea or Constipation? Y / N If yes, circle which one. How long? _____

Drinking more or less than usual? Y / N If yes, circle which one. How long? _____

Weight loss or gain? Y / N If yes, circle which one. How long? _____

Appetite increase or decrease? Y / N If yes, circle which one. How long? _____

Coughing, Sneezing or Gagging? Y / N If yes, circle which ones. How long? _____

Scratching & / or chewing at skin? Y / N If yes, circle which ones. How long? _____

Squinting & / or eye discharge? Y / N If yes, circle which ones. How long? _____

Lack of energy & / or weakness? Y / N If yes, circle which ones. How long? _____

New lumps or bumps on pet's body or changes to existing ones? Location? _____

Heartworm Preventative? Y / N What Kind? _____

Flea Preventative? Y / N What Kind? _____

Anything else we need to know? (If additional space is needed, please continue on back.) _____

Please check off the services you are requesting today.

- Physical examination with the emphasis on the problems listed above.
- Annual check-up, heartworm and intestinal parasite tests, and boost my pet's vaccines against contagious disease.
- Medication refill(s): _____

I authorize sedation or pain relief for the examination or treatment if necessary Yes No Call me first

I Authorize necessary diagnostic testing up to \$_____.

OR

Please call me before proceeding with any diagnostics or treatment.

Owner or agent's signature _____ Date ____/____/____