Drop off exam form for your pet. Please fill out in it's entirety.

	Yes	No
Please help us help your pet!		
Is your pet in pain?	☐	☐
Have you seen your pet passing worms?	☐	☐
Has your pet had any illness in the last year?	☐	☐
Has your pet had any surgery in the last year?	☐	☐
Has your pet ever had a seizure?	☐	☐
Does your pet get people food?	☐	☐
Has your pet had any access to poison(s)?	☐	☐
Did your pet eat in the last 4 hours?	☐	☐
Does your pet ever strain to urinate?	☐	☐
Has there been any recent vomiting?	☐	☐
Has your pet been coughing?	☐	☐
Has your pet been sneezing?	☐	☐
Has your pet been gagging?	☐	☐
Any listlessness?	☐	☐
Any weakness?	☐	☐
Any lameness? Circle leg LF LR RF RR	☐	☐
Shaking of the head?	☐	☐
Scratching? Where?	☐	☐
Significant hair loss?	☐	☐
Scooting?	☐	☐
Lumps or bumps?	☐	☐
Bad breath?	☐	☐
Unusual discharge?	☐	☐
Diarrhea?	☐	☐
Constipation?	☐	☐
Stiffness?	☐	☐
Behavior changes?	☐	☐
Is your pet strictly indoors?	☐	☐

Additional comments:

	Normal?	**Increased**?	**Decreased**?
Drinking?	☐	☐	☐
Appetite?	☐	☐	☐
Urination?	☐	☐	☐
Defecation?	☐	☐	☐
Weight?	☐	☐	☐

Reason for visit today

_____

_____

_____

What brand of food is your pet currently eating? Canned or Dry?

_____

Is your pet on flea control? What brand?

_____

Is your pet on Heartworm medication?

_____

When did you first notice this problem?

_____

Is your pet currently on any medications?

_____

_____

Is your pet allergic to any food or medication? Yes No

If yes please describe:

_____

_____

Phone numbers where you can be reached **all day**:

_____

_____

_____

Please call us if you have not heard from us by 3pm.

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care.

_____ _____

Owner or agent for owner Date