

INFORMATION SHEET FOR DROP-OFF'S

Name: _____ Today's contact number: _____

Pets Name: _____

Why, in general, are you dropping your pet off today? _____

Is your pet currently being treated for this, or any other health issues? _____

Symptoms: _____

Vomiting? for how long: _____

Limping? for how long: _____

Limping on what leg: _____

History of trauma: _____

Diarrhea? for how long: _____

Normal Bowel movements? (dry, large, blood) _____

Coughing? for how long: _____

Sneezing? for how long: _____

Running nose? for how long: _____

Rash? for how long: _____

Area of rash? _____

Bleeding? for how long: _____

Area of bleeding? _____

Seizuring? when _____

Lasting for how long? _____

Appetite _____ Eating Normal _____ Eating less _____ Eating Poorly When last ate? _____
Quantity last eaten _____

What brand, type of food do you feed your pet? _____

Have you fed anything unusual lately? (table scraps, bones, etc) _____

Could your pet have gotten into any toxins? Insecticides? Trash? _____

Is your pet leashed when outside? _____ Free in yard? _____ Free in neighborhood? _____ Doesn't go outside _____

Describe urination: Straining _____, blood in urine _____, going frequently _____, going outside the litterbox _____, increase in amount _____

What heartworm prevention is your pet on? _____ None _____

What flea/tick prevention? _____ None _____

Is your pet on any other medications? _____ Ask doctor to check record _____

Do you give your pet any nutritional supplements? (glucosamine, vitamins) _____

Is your pet current on Rabies? _____ Other vaccinations? _____

History of previous health problems: _____

General questions and information for Doctor: _____

