



# DROP OFF / IN HOSPITAL

In order to better serve you and your pet please take a moment to provide us with the following information.

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

It is important we have current contact information in the event we need to contact you today to discuss our findings and your pet's treatment plan. **Please check preferred way(s) to contact you today**

Today's Phone Contact # : \_\_\_\_\_  Text Phone #: \_\_\_\_\_

Email \_\_\_\_\_  Other Contact? : \_\_\_\_\_

**RABIES VACCINATION:** When is the Rabies vaccine due? \_\_\_\_\_

**MEDICATION CURRENTLY TAKING:**

Heartworm Preventative: Type \_\_\_\_\_ When last dose given? \_\_\_\_\_ Need refill? (Y) (N)

Flea/Tick Preventative: Type \_\_\_\_\_ When last dose given? \_\_\_\_\_ Need refill? (Y) (N)

Other Meds currently taking:

\_\_\_\_\_ Dose: \_\_\_\_\_ When last dose given? \_\_\_\_\_ Need refill? (Y) (N)

\_\_\_\_\_ Dose: \_\_\_\_\_ When last dose given? \_\_\_\_\_ Need refill? (Y) (N)

\_\_\_\_\_ Dose: \_\_\_\_\_ When last dose given? \_\_\_\_\_ Need refill? (Y) (N)

**BRIEF MEDICAL HISTORY:** Is your pet having any problems or anything that we need to know during the exam? How long has the problem been going on?

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

**Appetite:** Normal  Reduced  What do you feed your pet?(Brand) \_\_\_\_\_

**Drinking:** Normal  Increased  Decreased

**Problems with?** (Please explain or give details)

**Eyes** (redness, drainage, cloudy ?)  **Ears** (odor, redness, scratch at ?)

**Vomiting:** How often? \_\_\_\_\_ How many times? \_\_\_\_\_

**Diarrhea:** How often? \_\_\_\_\_ How many times? \_\_\_\_\_

**Respiratory:** Sneezing  Coughing  Difficulty Breathing

Please explain- \_\_\_\_\_

**Skin/Derm:** Itching? (On scale of 1-10, 10 most severe) \_\_\_\_\_ Redness  Hair Loss

What areas of body? \_\_\_\_\_

**Lumps and Bumps:** Are there any lumps, swellings, masses, etc that you have noticed? (see diagram on back)

Where? \_\_\_\_\_ When noticed? \_\_\_\_\_ Growing? \_\_\_\_\_

**Limping/Trouble getting up or Jumping:** Which leg? \_\_\_\_\_ When started? \_\_\_\_\_

Other details (worse in AM or gets better with rest or with exercise) \_\_\_\_\_

**Occasionally we may notice that your pet has a minor problem that can be treated while being examined today (eyes, ears, skin- infections). Would you like a doctor to work up (lab work, x-ray) and treat the problem while your pet is with us today?**

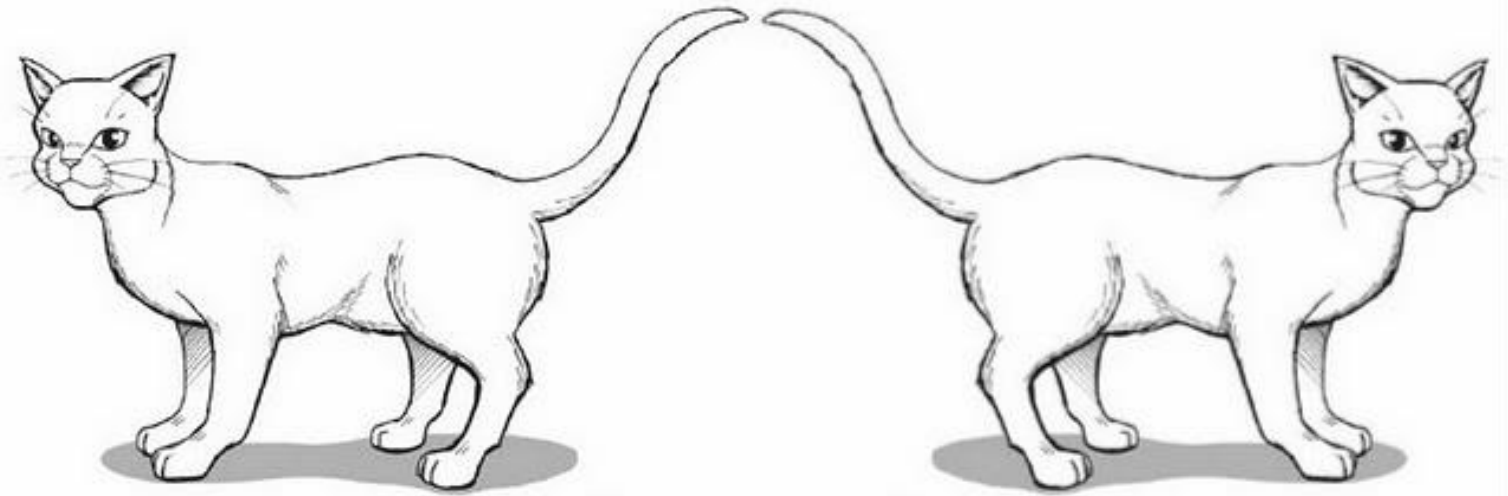
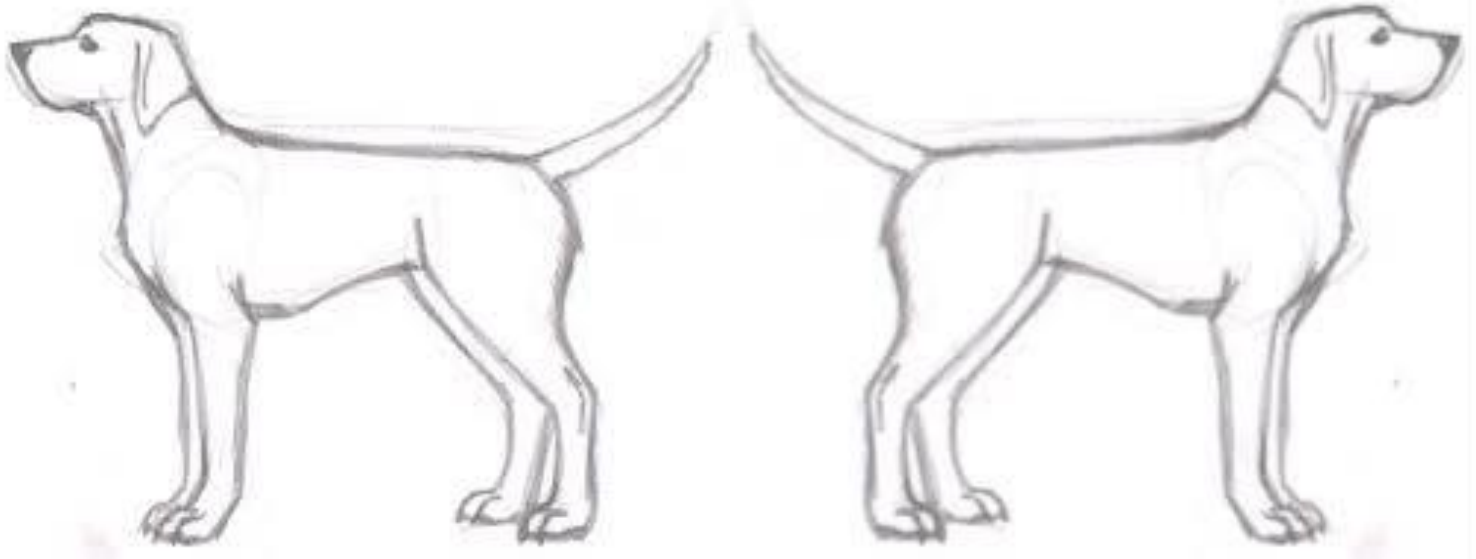
\_\_\_\_\_ (initial) Yes, please do what the doctor recommends

\_\_\_\_\_ (initial) Please treat up to an **additional \$ limit**. What \$ limit? \$ \_\_\_\_\_

\_\_\_\_\_ (initial) No, Please contact me before any treatments are done

**Thank you for taking the time to help us serve you and your pet better.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



If your pet has a growth or specific area of the body you would like the doctor to look at, please mark it on the diagram above. If there are multiple growths or areas, please mark all areas you want the doctor to look at. Thank you!