

Drop Off Exam Questionnaire

Print, fill in, and bring this form with you to your visit.

CLIENT/PATIENT INFO

CLIENT NAME

EMAIL

PATIENT NAME

DATE (MM/DD/YYYY)

What do you need performed on your pet today?

☐ Exam

☐ Vaccines

☐ Boarding

☐ Bath

PATIENT PROBLEMS

Please check the significant problems that apply to your pet and prioritize by number

☐ Coughing

☐ Sneezing

☐ Itching skin

☐ Scratching Ears

☐ Eye Discharge

☐ Nose Discharge

☐ Lethargic

☐ Losing Weight

☐ Vomiting

☐ Limping

☐ Difficulty Defecating

☐ Having Seizures

☐ Other: _____

How long has your pet displayed these problems?

Has your pet had any previous problems?

EATING HABITS

Describe your pet's drinking habits

☐ Normal

☐ Increased

☐ Decreased

Describe your pet's eating habits

☐ Normal

☐ Increased

☐ Decreased

What are you currently feeding your pet?

☐ Dry food

☐ Canned food

☐ People food

WHAT BRAND?

IS THIS A RECENT CHANGE?

IF YES, WHAT WERE YOU PREVIOUSLY FEEDING?

URINE/BOWEL HABITS

Describe your pet's urine habits

☐ Normal

☐ Increased

☐ Decreased

Describe your pet's bowel habits

☐ Normal

☐ Soft

☐ Diarrhea

If diarrhea

☐ Large Amount

☐ Small Amount

☐ Blood

OTHER PATIENT INFO

If your pet has lumps, bumps, cuts, sores that you wish to have us look at please describe the location.

Where does your pet spend his/her time?

☐ Only indoor (never outside)

☐ Equally indoor/outdoor

☐ Mainly indoor

☐ Mainly outdoor

Is your pet currently receiving any other medications? Please list medications and daily dose.

OTHER CLIENT INFO

Please list any other comments or questions you have for the doctor

In order to diagnose your pet's condition, your pet may require blood tests, xrays, and/or other diagnostic testing. Do you authorize tests if the doctor feels it is warranted?

☐ Do what is necessary

☐ Call with estimate prior to any treatment

Please initial any additional services that you would like performed while your pet is in the hospital.

_____ Nail Trim _____ Anal Gland Expression _____ Bath

It is very important that the doctor is able to contact you if he/she has questions regarding your pet. Failure to be reached may result in postponement of treatment.

PRIMARY NUMBER YOU CAN BE REACHED TODAY

ALTERNATE NUMBER

Drop off exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows. (Critical patients will be examined immediately). Pick up times cannot be guaranteed. There is a \$5 fee for drop offs (excluding boarding/baths).

By signing below, I, the owner of the above pet, authorize South Buffalo Springs Animal Hospital to exam, diagnose, and treat my pet as approved above.

OWNER OR AGENT SIGNATURE

DATE