



## Drop off History Form

Client # Clinic Use Only \_\_\_\_\_

***\*Please take a moment and answer the following questions so that we can better help your pet.***

Pet name: \_\_\_\_\_ Client Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_  
Procedure: \_\_\_\_\_

My doctor preference is: \_\_\_\_\_

If you need to contact me today, I can be reached at: \_\_\_\_\_

Everything was okay with my pet until, \_\_\_\_\_

Since then, \_\_\_\_\_

I think his / her \_\_\_\_\_ is bothering him / her.

My pet has not eaten since \_\_\_\_\_ My pet started vomiting: Yes / No When? \_\_\_\_\_

What color and substance? \_\_\_\_\_ Last vomited? \_\_\_\_\_

My pet has diarrhea: Yes / No When did you first notice it? \_\_\_\_\_

What color and consistency? \_\_\_\_\_

Has your pet eaten anything other than their normal diet? (Rawhides, Salmon, Human Food, Treats, Mushrooms, Garbage etc.)

Yes / No / Unknown \*If yes, What? \_\_\_\_\_

### Please circle your pet's symptoms:

I feel that this is an Emergency: Yes / No

My pet is: Lame / Sore / Injured **Please specify:** \_\_\_\_\_

My pet is Lethargic: Yes / No

My pet has Normal Stools: Yes / No

My pet has: Lost / Gained Weight

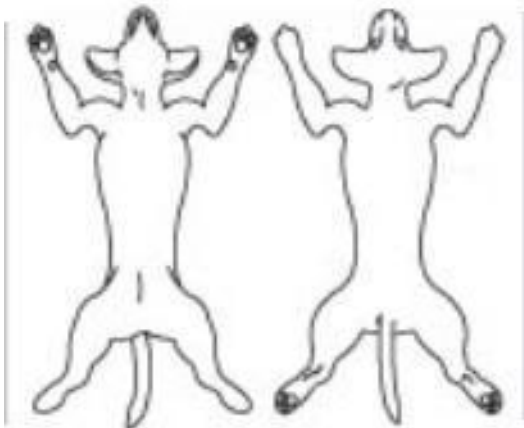
Water intake has: Decreased / Increased / Unchanged.

This has: Never Happened Before / Recently Happened / Long Time (chronic) Problem

My pet is Coughing: Yes / No

My pet has discharge from Eyes or Nose: Eyes ☐ Nose ☐

### Circle the part of your pet that hurts:



### Sedative/Anesthesia Release

You are to use all responsible means against injury, escape, or death of my pet. I understand that anesthesia involves some risk to my pet, but you will not be held responsible under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

I have read this statement and agree.

Owner / Agent \_\_\_\_\_

Date : \_\_\_\_\_ Phone: \_\_\_\_\_

If we find lab work, x-rays, fluid therapy, etc necessary should we wait or proceed pending our phone conversation?

Proceed : \_\_\_\_\_ Wait: \_\_\_\_\_  
(Please Initial) (Please Initial)