

## Drop-off Questionnaire

Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet Owner's Phone Number \_\_\_\_\_

*Thank you for taking the time to answer these important questions about your pet's health!*

1. Is your pet currently on any medication? Please include prescription, over the counter, and vitamins/supplements. When were the last doses given?

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2. What is the major reason why you are bringing in your pet today?

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How long have you noticed the symptoms? \_\_\_\_\_

3. Is your pet (Circle yes or no.)

a. *Vomiting*                      yes      no

If yes, for how long? \_\_\_\_\_

If yes, any blood visible in vomit?

yes      no

b. *Having Diarrhea?*

yes no

If yes, is there any blood in the feces or is it sticky-looking (like tar)?

yes no

c. *Constipated?* yes no

If yes, how long? \_\_\_\_\_

If yes, is there any blood in the feces or is it sticky-looking (like tar)?

yes no

d. *Coughing?* yes no

If yes, for how long? \_\_\_\_\_

e. *Sneezing?* yes no

If yes, then for how long? \_\_\_\_\_

If yes, is there a nasal or ocular discharge? Please describe.

\_\_\_\_\_

f. *Limping?* yes no

If yes, then for how long?

\_\_\_\_\_

If yes, which limbs are affected? Please describe.

\_\_\_\_\_

Is your pet able to put any weight on the affected area, or is your pet holding it up completely?

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g. *Eating normally?*    yes    no

If no, for how long? \_\_\_\_\_

Is your pet eating small amounts, or not eating at all?

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h. *Drinking normally?*    yes    no

If no, for how long? \_\_\_\_\_

Is your pet drinking in small amounts, or not drinking at all?

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If no, is your pet drinking excessively?    yes    no

If yes, for how long? \_\_\_\_\_

4. Are there any other medical conditions/considerations that the doctors and staff should know about?

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5. Please list any symptoms your pet is having that are not listed on the sheet.

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