

Bronzeville Animal Clinic

Serving All Creatures Wise and Wonderful

Dr. Sophia Gill | 203 East 31 Street | Chicago, IL | 312-949-1838

Drop Off Form

Client Name _____ Patient Name _____

Contact# (_____) _____ Cell Phone (_____) _____

Email _____

The following are questions that pertain to your pet's health and well-being since the last visit.

- Generally, how is your pet's attitude since the last visit here? Good Average Poor
- Has your pet been spayed or neutered? Yes No
- Is your pet's appetite: Normal Increased Decreased
- What does your pet normally eat? (include type of food, table scraps) _____
- Is your pet's water consumption: Normal Increased Decreased
- Is your pet's urination habits normal? Yes No If No, please explain: _____
- Is your pet vomiting (throwing up)? Yes No
If yes, _____
- When did you first notice the vomiting? _____
- Does the vomit consist of food, phlegm, bile (yellow fluid)-please circle all that apply
- How frequent is the vomiting? _____ times per day/week _____
- Has your pet recently gotten into any table scraps or garbage Yes No
- Have you noticed any missing toys or parts of toys? Yes No
- Are any other animals in your household affected? Yes No
- Is your pet having any diarrhea? Yes No
If yes, when did you first notice the diarrhea? _____
- Is the stool Soft Runny Very Watery
- Does the stool have No blood Bright Red Blood Dark Red blood/Black
- Are any other animals in your household affected? Yes No
- Is your pet sneezing? Yes No Coughing? Yes No
If yes, _____
- When did you first notice the sneezing/coughing? _____
- Are any other animals in your household affected? Yes No
- Is the cough productive (does your pet cough anything up)? Yes No
- Is the cough/sneeze worse at a particular time of the day? Yes No
Please describe _____
- Does your pet seem to tire more easily after exercise? Yes No
- Has your pet ever fainted? Yes No
- List all prescription and over the counter medications that your pet is currently taking (include vitamins and supplements):

-
- Is your pet on Heartworm prevention? Yes No
If yes, what brand? Heartgard Plus Interceptor Iverhart Revolution
 - Has your pet missed any months of heartworm prevention? Yes No
If yes, how many? _____
 - Have you noticed any weight gain or loss in the last two months? Yes No
Which? Weight Gain Weight Loss
 - Does your pet seem to scratch or bite at himself more than normal? Yes No
 - When did you first notice scratching/chewing? _____
 - Does the problem seem to be worse during certain times of the year?
 Spring Summer Fall Winter
 - Please check all body parts that your pet seems to scratch or chew excessively:
 Feet Legs Stomach Rear end Tail Neck Ears Face
 - What medications (other than flea/tick prevention) have you tried for your pet's scratching? _____

-
- Are any other pets in your household showing the same symptoms? Yes No
 - Is your pet on any flea/tick prevention regularly? Yes No
If yes, please check brand you use Frontline Advantage Vectra Advantix Program Biospot
Other over the counter flea/tick drops Flea/Tick shampoo Dips
 - Is your pet Indoor Outdoor?
 - If your pet is outdoor is he/she:
 Confined to an enclosed area(fenced yard)/leash walked Roams freely
 - Is there any wildlife or water exposure such as ponds, lakes, or streams that your pet has access to while outside? Yes No
 - Do you have any other pets? Yes No
If yes, please list _____
 - Do you notice your pet shaking his head, rubbing or scratching at his ears? Yes No
 - Have you noticed any new lumps or bumps? Yes No If yes, where? _____
Any changes in old ones? Yes No If so which ones? _____
 - If your pet was vaccinated at a veterinary hospital other than Bronzeville Animal Clinic please list which veterinary clinic administered vaccines. _____
List dates and vaccines administered _____
 - Do you have other questions or concerns at this time? If so, please list _____

Please leave a contact number where you can be reached today should the veterinarian have any further questions.

Contact# (_____) _____

Owner Signature _____ Date _____