



**Drop Off Information Sheet**

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

Owner's Name: \_\_\_\_\_ Patient: \_\_\_\_\_

Phone number you are reachable at today: \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

Where does your pet spend most of their time:  Indoor  Outdoor

Vomiting:  Yes  No

Diarrhea:  Yes  No

If yes, please describe color, consistency, frequency: \_\_\_\_\_

What is the brand/type of food? \_\_\_\_\_

Has your pet's diet changed recently?  Yes  No

If yes, what has changed: \_\_\_\_\_

Are table scraps fed?  Yes  No

Has your pet's appetite:  Increased  Decreased  Stayed the same

Has your pet eaten today?  Yes  No

Has your pet's water consumption:  Increased  Decreased  Stayed the same

Has your pet's urination:  Increased  Decreased  Stayed the same

How long has your pet had this problem?

Hours \_\_\_\_\_  Days \_\_\_\_\_  Weeks \_\_\_\_\_  Months \_\_\_\_\_

Has the problem been getting worse?  Yes  No

Has this problem been treated elsewhere?  Yes  No

If yes, may we request records?  Yes & clinic name: \_\_\_\_\_  No

Have any medications been given?  Yes  No

If yes, what has been given? \_\_\_\_\_

Are there any other problems that your pet has that we should be aware of?  Yes  No

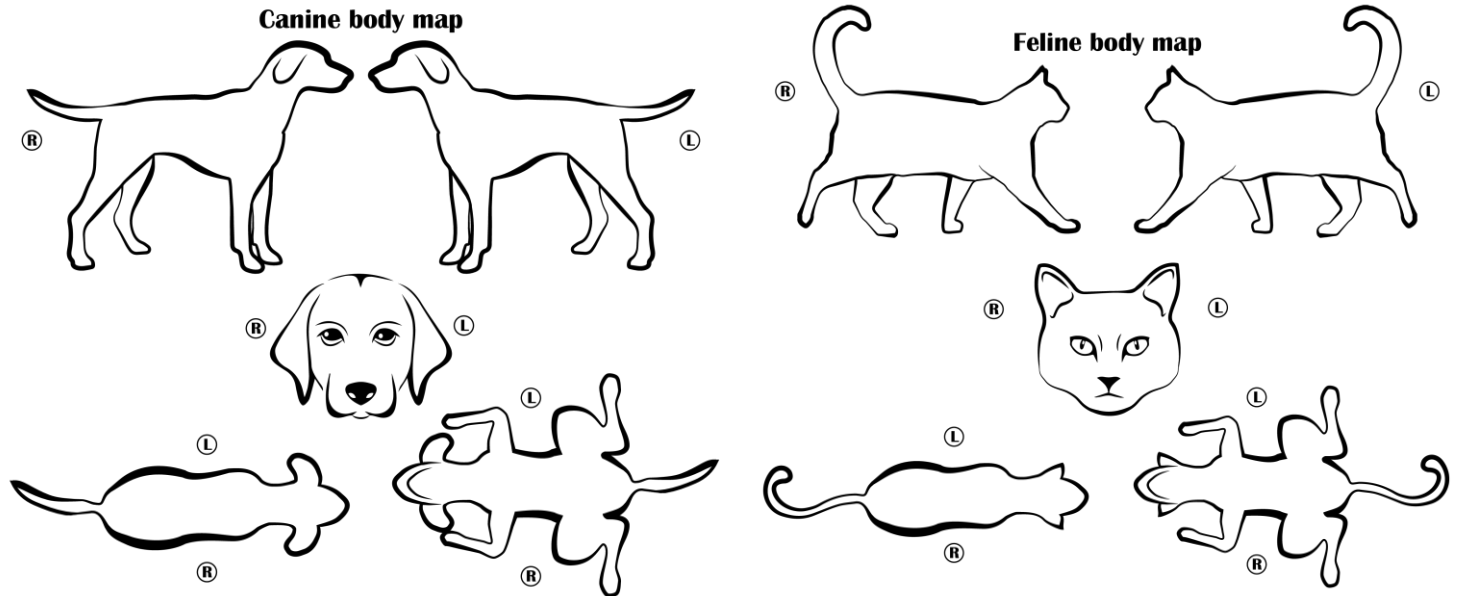
If yes, what are they? \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

If your pet has a skin condition, which best describes the problem:

- Itching     Scaling     Crusty     Red     Hair loss

If there is a skin problem or lump, please indicate with an X where it is on the diagram:



Is your pet on heartworm preventative?     Yes     No

Is your pet on flea/tick preventative?     Yes     No

Do you need a refill of heartworm/flea/tick preventative today?     Yes     No

If yes, what products and quantity do you need: \_\_\_\_\_

To diagnose and treat many problems, blood tests, x-rays, and other tests may be necessary. Do we have your permission to perform such diagnostic testing?

Yes, I authorize tests and treatments up to \$ \_\_\_\_\_

No, please call first

What time do you plan on returning for your pet? \_\_\_\_\_

Signature: \_\_\_\_\_

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