

DROP OFF EXAM

1. What is the **reason** you are dropping your pet off today?

2. What are the **symptoms** your pet is exhibiting?

If checked – please explain

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Appetite Change | <input type="checkbox"/> Limping | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavioral Change | <input type="checkbox"/> Scooting | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Increased/thirst/urination | <input type="checkbox"/> Scratching | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Other _____ | |

3. When did you first notice the symptoms?

4. Does your pet go outside unsupervised? YES NO

5. Any diagnostic work such as blood work, urinalysis, and/or x-ray are recommended by the doctor, may we go ahead with them? YES NO

6. What medications is your pet currently taking (vitamins, pain medications, etc.)?

7. Who should we contact if we have any questions? ***Please note name of person we are calling***

Name _____

Pet's Name _____

Telephone Numbers _____
