## Minnesota Valley Pet Hospital

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## **Drop Off Questionnaire**

What is the REASON you are dropping your pet off today?				
What are the SYMPTOMS y	our pet is exhibiting? (Choo	se all that apply and please expla	ain)	
☐ Appetite Change	☐ Behavioral Change	☐ Increased Thirst/Urination	☐ Diarrhea	
☐ Lethargy or Weakness	☐ Limping	□ Scooting	☐ Scratching/Itching	
☐ Shaking Head	☐ Sneezing/Coughing	□ Vomiting	☐ Other	
When did you first notice tl	he symptoms?			
Does your pet go outside ເ	unsupervised?			
○ Yes	© No			
If DIAGNOSTICS such as b	oloodwork, urinalysis, and/or	x-rays are recommended by the	doctor, may we go ahead with them	
C Yes	○ No			
What MEDICATIONS are yo	our pet currently taking? (Inc	luding vitamins, pain meds, etc)		
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Have any medications bee	n given today? If so, what tin	ne?		

If we feel your pet is experiencing significant anxiety while being kenneled here (i.e. pacing, vocalizing, hiding, chewing at the kennel, etc), will you authorize

•		inic helps to make the your pet. The cost is \$5.00.
Anxiety Me	dication:	
	○ No	© Please
		Call First
Who shoul	d we CONTA	ACT with any questions? *Please give preferred number, and note who we are calling*

us to administer a dose of anti-anxiety medication (trazodone for dogs, gabapentin for cats) to help them relax while here? We feel that addressing stress and