

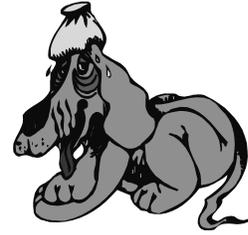
Drop-off Illness Questionnaire

Date: _____

Pet Name: _____

Owner's Name: _____

Reason for Exam and/ or procedures you already know you would like for your pet:



Symptoms (Circle any that apply)

- | | |
|---|--|
| Loss of appetite | Skin lumps or bumps (where?) |
| Weight gain or loss | Hair loss, redness of skin (where?) |
| Vomiting | Difficulty climbing or rising or jumping up |
| Diarrhea | Acts painful (where?) |
| Difficult defecation | Lameness (where?) |
| Increased thirst or decreased thirst? | Scotting at rectum |
| Increased or decreased urination? | Toe nails overgrown |
| Difficulty with urination | Eyes: drainage |
| Loss of house training or litter box training | Redness |
| Ears: odor | Right, Left or Both eyes |
| Shaking head | Coughing or sneezing |
| Right, Left or Both ears | List any other symptoms that may be significant |
| Mouth odor/ teeth sore | _____ |
| Itching or scratching (where?) | |

For the item(s) circled above:

1. How long have the symptoms been noticed? _____
2. How often have symptoms been occurring? _____
3. Are the symptoms improving, staying the same or worsening? _____

After doctor's exam, may we do preliminary bloodwork, urinalysis, SEDATE , and/or X-ray?

- ____ Yes, please proceed with whatever testing and treatment is needed.
- ____ Yes, please proceed with testing and treatment up to _____ dollars without contacting me.
- ____ No, I prefer to be contacted before any testing or treatment is performed (other than what I may have already authorized).

Diabetic pets. Please have your owner answer the following:

1. How much insulin did you give today? _____ When? _____ Did you bring your own supply of insulin? _____ What time did you feed your pet? _____
2. If you have not given insulin, when is your pet due for injection? _____
3. Is your pet drinking and urinating normal or increased amounts? _____

Pets on Medication at Home. Please have owner answer the following:

1. What medications have you given your pet already today? And what time did you give the medications? _____
2. What medications do you need our staff to continue to give to your pet during the course of the day? _____

X _____

Today's Contact Number(s): _____

Signature of owner or representative

Estimated Pick-Up Time _____ **OR** **Call when ready**