DROP-OFF EXAM QUESTIONAIRE

$200 DEPOSIT REQUIRED

CLIENT NAME: _____ PET'S NAME: _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED TODAY: _____

SECONDARY CONTACT: NAME: _____ PHONE #: _____

WHAT ARE YOUR PRIMARY CONCERNS (REASON FOR VISIT): _____

_____

CONCERNS: CHECK ALL THAT APPLY

- ☐ BLOOD IN STOOL
- ☐ WORMS IN STOOL
- ☐ LOOSE / MUCUS STOOL
- ☐ HARD STOOL
- ☐ VOMITING
- ☐ LOSS OF APPETITE
- ☐ INCREASED APPETITE
- ☐ BROKEN TOOTH
- ☐ BAD BREATH
- ☐ SALIVATING
- ☐ DRINKING MORE/ LESS
- ☐ NOT DRINKING
- ☐ OVER/ UNDER WEIGHT
- ☐ LIMPING ON _____ LEG
- ☐ UNABLE TO JUMP
- ☐ RELUCTANT TO JUMP
- ☐ DIFFICULTY WALKING
- ☐ HEAD TILT
- ☐ WALKING IN CIRCLES
- ☐ LETHARGIC
- ☐ SEIZURES
- ☐ SLEEPING MORE
- ☐ TREMBLING
- ☐ URINATING MORE / LESS
- ☐ NOT URINATING
- ☐ URINATING IN HOUSE
- ☐ BLOOD IN URINE
- ☐ FLEAS / TICKS
- ☐ FUR/FEATHER/SCALE LOSS
  - ○ WHERE _____
- ☐ SORES OR SCABS
  - ○ WHERE _____
- ☐ CHEWING ON SKIN
  - ○ PRIMARILY _____
- ☐ SHAKING HEAD
- ☐ SMELLY EARS
- ☐ SWOLLEN EAR FLAP
- ☐ EYE SHUT L / R
- ☐ EYE DISCHARGE L / R
- ☐ BROKEN TOENAIL
- ☐ LOSS OF VOICE
- ☐ VOCALIZING MORE / LESS
- ☐ SNEEZING / WHEEZING
- ☐ NASAL DISCHARGE
- ☐ PANTING
- ☐ COUGHING
- ☐ GAGGING
- ☐ BREATHING HARD

HOW LONG HAVE SYMPTOMS BEEN PRESENT? _____

_____

AFTER EXAMINATION, THE VETERINARIAN WILL CONTACT YOU TO DISCUSS RECOMMENDED TREATMENTS, TESTS AND MEDICATIONS FOR YOUR PET. IF YOUR PET NEEDS IMMEDIATE EMERGENCY MEDICAL ATTENTION BEFORE YOU CAN BE CONTACTED, YOUR SIGNATURE AUTHORIZES EMERGENCY MEDICAL CARE DEEMED NECESSARY BY THE VETERINARIAN AND AGREEMENT TO PAY ALL FEES.

_____ _____

SIGNATURE DATE

OFFICE USE ONLY:

____ **$200 DEPOSIT COLLECTED AT TIME OF DROP OFF**
(INITIALS)

____ **BALANCE OF ESTIMATE COLLECTED - OK TO CONTINUE DIAGNOSTICS AND TREATMENTS**
(INITIALS)