



Pet Drop-Off History Form

Date: _____ Client Name: _____ Pet's Name: _____

Reason for Visit: _____

How long has this been occurring? _____

How Frequently? _____

Has this condition been diagnosed/treated before? _____

General Symptoms (please mark all that apply):

- Lethargy, low energy, weakness
- Poor Appetite
- Weight Loss
- Not Drinking Well
- Drinking Excessively
- Urinating inappropriately. Please describe: _____
- Blood in the urine
- Vomiting (if yes, how long? _____, how often? _____, nature: **UNDIGESTED FOOD / LIQUID, FOAMY / BILE**)
- Diarrhea (Blood: YES / NO)
- Bad breath
- Mouth pain, difficulty chewing, excessive drooling
- Coughing, Wheezing, Shortness of breath
- Excessive Panting, Open-mouth breathing
- Nervous/Agitated
- Uncharacteristic Aggression
- Runny, matter eye (LEFT / RIGHT / BOTH)
- Sneezing, nasal discharge
- Itchy Skin (particular area: _____)
- Shaking head, digging at ears, discharge or odor from ears
- Limping, joint pain (Which leg(s): _____)
- Stumbling/falling
- Other: _____

What is your pet's current diet? _____ How Much? _____ How Often? _____

Table scraps or treats? FREQUENTLY / OCCASIONALLY / NEVER

I authorize the veterinarian examining my pet to perform additional diagnostics (blood work, x-rays, etc.) if needed:

- Yes, whatever is necessary for diagnosis and/or treatment.
- Please call first before running additional tests. Phone number: _____

I will return at this time to pick-up my pet: _____