

Drop Off Examination Form

Weight: _____

Patient Name: _____ Owner Name: _____ Date: _____

1. What is the best number where we can reach you today? _____

We often have more questions after examinations and/or we may need to discuss exam findings, so please have your phone available

2. What is the main reason your pet is being examined today? Wellness exam / other reason (please be as specific as possible): _____

a. Your pet is due for (or has never had) the circled items below. Please **v** those which you authorize.

Canines:	Authorize v		Authorize v
Rabies		Leptospirosis	
DA2PP		Fecal	
Bordetella		Heartworm Test	

Felines:	Authorize v		Authorize v
Rabies		FeLV	
FVRCP		FeLV/FIV Test	

b. Are there any vaccines / tests your pet is **not** due for that you would like done? _____

c. Has your pet ever had any problems following administration of vaccines? _____

3. What kind of food do you feed your pet? _____ How much and how often do you feed your pet? _____

4. Is your pet (please check / explain)...

	Yes	No	Please Explain
Eating normally?			
Drinking normally?			
Coughing or sneezing?			
Vomiting?			
Having any diarrhea?			
On any medications? (note amount, dose, frequency, & include heartworm)			
Having any behavioral changes?			

Thank you! If this is just a wellness exam, you are done. If you have specific concerns, please continue...

5. If you are noticing problems with your pet, please tell us about it. How long this has been going on? Is it worse at certain times of day/doing certain activities? Have you tried anything (medications, etc.) to fix this? Has anything helped? _____

6. Are there specific tests you would like us to do prior to contacting you today? _____

Signature: _____ Date: _____