

Appointment/Drop Off Questionnaire

Today's Date:

Account # _____ (office use only)

Your Name

Pet's Name

We need to be able to contact someone with permission to make medical and financial decisions.

Who will we be speaking with? Name

Phone #1

Phone #2

Reason for visit (Please check one)

Wellness Exam

Illness

Injury

Other

Please check all that apply to your pet

Not Eating

Scotting

Coughing/Sneezing

Decrease in Appetite

Shaking Head

Gagging

Increase in Appetite

Urination Issues

Squinting eyes

Not Drinking

Limping/Lameness

Lacerations

Increased Thirst

Stiffness

Open Wounds

Weight Loss

Bad Breath

Lethargic

Weight Gain

Drooling

Change in activity level

Vomiting

Chewing or Licking

Excessive Panting

Diarrhea

Scratching

Labored Breathing

Skin Masses/Lumps

Hair Loss

Other

If you checked any of the above, please list the duration of the symptoms that are present.

Are there any other concerns not listed above? If yes, please explain

Please check any preventative care services that you would like for your pet to receive

Test for Heartworm and Lyme/Tick Borne Disease - Dogs only

Intestinal Parasite Screening

Did you bring a stool sample?

Yes

No

Implant Home Again Microchip for Identification

Anal Gland Expression

Clean Ears

Toe Nail Trim

Other

Please Dispense

Topical Heartworm, Flea and Tick Medication for Cats - Revolution Plus

Flea and Tick Medication for Dogs - Nexgard

Oral Heartworm Prevention for Dogs - Heartgard

Please check any vaccines that you would like your pet to receive today

Cat	<u>Dog</u>	
FVRCP	DAPP	LYME
FELV	LEPTO	BORDETELLA
RABIES	RABIES	CANINE INFLUENZA

*The Bordetella and Canine Influenza vaccines are usually required by most kennels and groomers.

Is your pet taking any medications? Please check box Yes No

Please list medications

Any refills needed?

Has your pet had any adverse reaction to any medication or vaccines in the past?

If so, please describe

What food do you feed your pet?

Do you feed your pet treats? Yes No If yes, what kind?

Additional Information

Signature