



Drop off for Concerns/Illness/Diagnostics

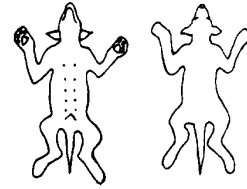
Client: _____ Patient: _____

In our efforts to provide your pet with optimal care, it is important that our veterinarians have the proper information to determine diagnosis and treatment. Since you will not be present to answer questions about your pet today, we appreciate your time to complete this questionnaire, so we can provide you with the best service. Please circle or write in the answer that best describes your pet.

1. Does your pet currently take any medications **not** prescribed by Southside? If yes, please list.

2. This problem has been going on for _____ days / weeks / months or since

Please circle the area you are concerned about on the picture:



3. Briefly describe the problem (cough, urination problem, vomiting, diarrhea, limping, scratching, crying, wound, mass, etc.): _____

4. Is the problem: better / worse / same as when it started?

5. My pet eats _____ (food name) , _____ cans / cups _____ times per day.
How long has it eaten this diet? _____

6. When was the last time your pet ate? _____

7. Has your pet's weight recently: increased / decreased / stayed the same

8. Has your pet's appetite: increased / decreased / stayed the same / unsure

9. Has your pet's water intake: increased / decreased / stayed the same / unsure

10. Have your pet's urinations been: increased / decreased / stayed the same / unsure

11. Have your pet's urinations appeared: normal / dark / bloody / bad odor / unsure

-----> **OVER**



12. Have your pet's bowel movements appeared: normal / loose / discolored / bloody / mucus / worms / unsure / other; please describe: _____

13. Has your pet had any vomiting? Yes / No If yes, what does it look like and how often does it happen & when was the last time? _____

14. My pet's activity/energy level has: increased / decreased / remained the same

15. Have there been any recent changes in your pet's routine (such as new household members, schedule changes, food change, guests, trash ingestion, new treats) within 1-2 weeks before the problem began? _____

16. Is your pet: indoor / outdoor / both

17. When, if ever, was the last time your pet received vaccinations? _____

18. Is there any other information you would like the doctor to know about your pet? _____

Would you like to be contacted with an estimate prior to exam? Y / N

I can be contacted at _____. In the event that I cannot be reached:
(please select one of the following options)

- ☐ I authorize only an exam until I can be reached.
- ☐ I authorize only initial diagnostics (bloodwork, x-ray(s), urinalysis, cytology, eye package) so the doctor has more information when I am contacted.
- ☐ I authorize any diagnostics and treatment needed in the event of an emergency.

If I am unavailable, I authorize the following person(s) to make treatment decisions. I understand that this does not relieve me from all costs of service.

Name of Responsible Party/Parties

Phone Number

Owner/Responsible Party Signature

Date