

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Eating | <input type="checkbox"/> Scooting | <input type="checkbox"/> Coughing/Sneezing |
| <input type="checkbox"/> Decrease in Appetite | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Gagging |
| <input type="checkbox"/> Increase in Appetite | <input type="checkbox"/> Urination Issues | <input type="checkbox"/> Squinting eyes |
| <input type="checkbox"/> Not Drinking | <input type="checkbox"/> Limping/Lameness | <input type="checkbox"/> Lacerations |
| <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Stiffness | <input type="checkbox"/> Open Wounds |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Drooling | <input type="checkbox"/> Change in activity level |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Chewing or Licking | <input type="checkbox"/> Excessive Panting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Labored Breathing |
| <input type="checkbox"/> Skin Masses/Lumps | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> 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 Dogs only
- Intestinal Parasite Screening
- Anal Gland Expression
- Toe Nail Trim
- Other

Did you bring a stool sample? Yes No

Please Dispense

- Flea and Tick Medication
- BRAND _____ QTY _____
- Heartworm Prevention for Dogs
- BRAND _____ QTY _____

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

- | | | |
|---------------------------------|---------------------------------|---|
| Cat | <u>Dog</u> | |
| <input type="checkbox"/> FVRCP | <input type="checkbox"/> DAPP | <input type="checkbox"/> LYME |
| <input type="checkbox"/> FELV | <input type="checkbox"/> LEPTO | <input type="checkbox"/> BORDETELLA |
| <input type="checkbox"/> RABIES | <input type="checkbox"/> RABIES | <input type="checkbox"/> 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? Yes ____ No ____

If so, please describe

Appointment Date and Time:

Additional Information

Signature

If the email process does not automatically start after you click the submit button, please send forms to Parkview1972@gmail.com