



## Drop Off Questionnaire

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

### **Client Information:**

Client Name: \_\_\_\_\_

Number where I can be reached today: \_\_\_\_\_

### **Patient Information:**

Patient's Name: \_\_\_\_\_

What is the primary problem? (list symptoms) \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

Is the problem getting better, worse or remaining the same? \_\_\_\_\_

Is this the first occurrence of the problem? If not, please list prior history. \_\_\_\_\_

Is your pet on any medication? (list all including heartworm/flea preventative) \_\_\_\_\_

Are there any other concerns today? \_\_\_\_\_

### **Examination Consent**

- I authorize the veterinarian to examine my pet. I want to be called after the exam to discuss diagnostic tests and treatment \_\_\_\_\_ (initials).
- I authorize diagnostic tests not to exceed \$ \_\_\_\_\_ as recommended by the veterinarian without telephoning me.
- Diagnostic tests may include laboratory tests and/or radiographs \_\_\_\_\_ (initials).
- I do not need to be called and will speak to the doctor at pickup \_\_\_\_\_ (initials).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_