



## Drop Off Exam Questionnaire

Pet Name: <animal> <last name>      Date: \_\_\_\_\_

1. Has your pet had any changes in eating, drinking, or bathroom habits since we saw him/her last? Any vomiting or diarrhea?
2. What are you currently feeding? Do you measure out the meals? (How much do you feed?) Do you give your pet any treats? (What kind? How many per day?)
3. Are there any lumps or bumps on your pet you want the doctor to look at today?
4. What medications or supplements is your pet taking currently? Is he/she on flea and tick preventative or heartworm preventative?
5. Do you have any concerns about your pet for the doctor to look at?
6. What is the best number to reach you at today? We will call when your pet is ready to be picked up.
7. Did you bring any items with your pet today? If yes, please list the items with a brief description.

Collar YES / NO

Leash YES / NO

If yes, what color? \_\_\_\_\_

If yes, what color? \_\_\_\_\_