



Date \_\_\_\_\_ Client \_\_\_\_\_ Patient \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

**Questionnaire for Drop Off Patients**

**General:**

1. What is your pet's current problem? When did it start? \_\_\_\_\_
2. When was your pet last normal? \_\_\_\_\_
3. Is your pet indoors only? If not, please describe outdoor access: \_\_\_\_\_
4. What is your pet's travel history? Exposure to other animals? \_\_\_\_\_
5. When was your pet last vaccinated and what vaccines were given? \_\_\_\_\_
6. Current medications/supplements: \_\_\_\_\_
  - a. Has he/she had them today? **YES NO** Time given: \_\_\_\_\_
  - b. Are there any known allergies to any medications? \_\_\_\_\_

**Eating & Drinking:**

1. Has your pet's appetite changed recently? How long ago? \_\_\_\_\_
2. Has there been any weight loss that you are aware of? \_\_\_\_\_
3. What does your pet normally eat? Brand? \_\_\_\_\_
  - a. Wet/dry/Combo? \_\_\_\_\_ Amount: \_\_\_\_\_ cup (8oz.)/can; Frequency? \_\_\_\_\_
  - b. Any treats or human food? Food allergies? \_\_\_\_\_
4. Normally is your pet a picky eater? Robust? Eats everything? \_\_\_\_\_
5. Have you noticed that your pet's water intake has changed recently? Increased/Decreased? \_\_\_\_\_
6. Is your pet known to try to eat things it is not supposed to? \_\_\_\_\_

**Elimination:**

1. Does your pet have diarrhea? If so, what is the consistency, color and frequency of the stool?  
\_\_\_\_\_
2. Is there any straining during defecation? \_\_\_\_\_
3. Has your pet been vomiting? If so, what is the frequency and consistency (clear fluid, bile, food, etc.)? Last time?  
\_\_\_\_\_
4. Is there abdominal effort when producing vomit or does it come up passively? \_\_\_\_\_
5. When did the vomiting and/or diarrhea start? (Please be specific) \_\_\_\_\_
6. Coughing or sneezing? \_\_\_\_\_
7. Is your pet urinating normally? Does he/she have a steady stream? Does he/she urinate small frequent amounts frequently? Any straining during urination? Dribbling? \_\_\_\_\_

**Gait:**

1. Is your pet walking normally? Is it limping? Which leg(s) is affected? \_\_\_\_\_
2. Is your pet "bunny-hopping"? \_\_\_\_\_
3. Is there a known injury or accident? \_\_\_\_\_

**Neurological:**

1. Does your pet have a history of seizure activity? If so, when? \_\_\_\_\_
2. Is your pet painful when handled or touched? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

In order to help your pet faster, diagnostics and/or treatment may be recommended before a phone conversation. In this event:

Do we have permission to perform diagnostics (cytology, bloodwork, x-rays, etc.) for your pet? Initial: \_\_\_\_\_

Do we have permission to begin treatment for your pet? Initial: \_\_\_\_\_

I authorize diagnostics/treatment up to \$\_\_\_\_\_.

Owner/Agent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_