Drop-off examination questionnaire for: ____________________________ date: ____________

Is your pet healthy today? **circle as appropriate**

- Yes
- No

Office use only

- Temp:
- Patient #:
- Weight:
- Age/sex:

What pet insurance do you carry? _________________________________

How many hours per day does your pet spend outside? _____________

Please list ALL medications your pet takes, including preventatives, supplements, and herbal remedies

________________________________________________________________________

Has there been an increase or decrease in your pet’s appetite?

- Increase
- Decrease
- No

What diet do you feed your pet? How much do you offer? How frequently? ____________________________

- FASTED?

Has there been an increase or decrease in your pet’s water consumption?

- Increase
- Decrease
- No

Is your pet vomiting?

- Yes
- No

If yes, when did it start?

How frequently?

What is being vomited?

Does your pet have diarrhea?

- Yes
- No

If yes, when did it start? What color is it? Is there blood?

Are there any urinary problems or changes in urinary habits?

- Yes
- No

If yes, please tell us more.

Have you found any new lumps, masses, or bumps on your pet?

- Yes
- No

Is your pet limping or seems stiff?

- Yes
- No

If yes, are you aware of any possible accidents?

Is your pet exhibiting any changes in behavior that could indicate problems?

- Yes
- No

If yes, please tell us more.

Would you like your pet’s ears cleaned, nails trimmed, or anal glands expressed today?

- Ears
- Nails
- Glands

Please let us know what else we can do for you today.

*WCVC reserves the right to use my pet’s image for advertising and social media.*

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above and have the authority to execute this consent for examination:

Name: ____________________________ Contact phone number(s): ____________________________