

PATIENT: \_\_\_\_\_  
 OWNER: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 CLIENT ID: \_\_\_\_\_



## Drop Off Fact Sheet

Number(s), with times, at which you can be reached today: \_\_\_\_\_

### GENERAL INFORMATION:

1. What concerns would you like the doctor to address today? (Please be specific)

\_\_\_\_\_  
 \_\_\_\_\_

2. How long has the current problem been going on? \_\_\_\_\_ Days    WORSE    IMPROVED    SAME

3. About what time did your pet have his/her last meal? \_\_\_\_\_ a.m./p.m.

4. Is your pet currently on any medication, oral supplements or special diets?    YES    NO

5. Please list the medications along with the amount and frequency you use it for your pet:

\_\_\_\_\_  
 \_\_\_\_\_

6. Please list any medical conditions of which we should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

7. Please circle any of the following which apply:    COUGHING    SNEEZING    VOMITING    DIARRHEA

8. Appetite is:    RAVENOUS    GOOD    FAIR    POOR    NO APPETITE    ALWAYS A PICKY EATER

9. Water consumption is:    DECREASED    INCREASED    THE SAME

10. Urination is:    MORE FREQUENT    LESS FREQUENT    NORMAL    NOT URINATING

11. Additional information:

\_\_\_\_\_  
 \_\_\_\_\_

### SPECIAL CONDITIONS

#### DIABETIC ANIMAL:

Did your pet eat this morning?    NO    YES    What time? \_\_\_\_\_

Did your pet receive insulin this morning?    NO    YES    What time? \_\_\_\_\_ How much? \_\_\_\_\_

Did you bring your pet's insulin?    NO    YES

Will you need a refill?    NO    YES

#### SEIZURES:

Has your pet had any access to poisons – snail bait?    YES    NO

When was the last seizure and how long did it last? \_\_\_\_\_

How many seizures has your pet had recently? \_\_\_\_\_

Is your pet on any medication to control seizures?    YES    NO

If YES, what is the name of the medication and how frequently is it given? \_\_\_\_\_

### SERVICES:    Would you like your pet:

1) Vaccinated if due and the Doctor approves?    YES    NO    2) Nails Trimmed?    YES    NO

3) Bathed if Doctor approves?    YES    NO    4) Teeth cleaned, if anesthetic is needed?    YES    NO

5) Would you like the Doctor to TREAT or CALL FIRST? (circle one)

For the care of your pet today, a **\$15** Daycare fee will be added to your invoice.

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

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