

DROP-OFF EXAM -ANNUAL

OWNER _____

PET _____

DATE _____

WITHIN THE LAST 2 WEEKS HAS YOUR PET HAD ANY OF THE FOLLOWING:

- COUGHING SNEEZING VOMITING DIARRHEA

EXPLAIN _____

SINCE HIS/HER LAST EXAMINATION HAS YOUR PET HAD ANY OF THE FOLLOWING:

- CHANGE IN BOWEL MOVEMENTS INCREASE IN THIRST OR URINATION CHANGE IN APPETITE
- CHANGE IN URINATION CHANGE IN ACTIVITY LEVEL DIFFICULTY RISING

EXPLAIN _____

WHAT DOES YOUR PET EAT (BRAND, CANNED/DRY/FROZEN, AMOUNT & FREQUENCY OF MEALS)?

ARE ANY PET TREATS OR HUMAN FOODS FED REGULARLY? YES/ NO

IF YES PLEASE LIST: _____

IS YOUR PET ON ANY MEDICATIONS, FLEA & HEARTWORM PREVENTATIVE OR SUPPLEMENTS? YES / NO

IF YES PLEASE LIST (NAME, DOSE, FREQUENCY): _____

DOES YOUR PET GO TO ANY OF THE FOLLOWING PLACES:

- DOG PARK KENNEL OR DOGGIE DAYCARE COMMON AREAS WHERE OTHER DOGS FREQUENT
- GROOMER WALKS ON PUBLIC GRASS HIKES OR WOODED AREAS

DO YOU HAVE ANY OTHER CONCERNS YOU WOULD LIKE THE DOCTOR TO BE AWARE OF?

PLEASE PROVIDE A PHONE NUMBER YOU CAN BE REACHED ON TODAY: _____