

DROP-OFF EXAM

VOMITING/DIARRHEA

OWNER _____

PET _____

DATE _____

PROBLEM: _____

PLEASE DESCRIBE ABNORMAL STOOL OR VOMITUS: _____

HOW OFTEN IS IT OCCURRING? _____

HOW LONG HAS PET HAD PROBLEM? _____

IS THIS THE FIRST TIME OR IS IT RECURRENT? _____

WHAT IS YOUR PET'S REGULAR DIET? _____

ARE THERE ANY OTHER FOODS GIVEN REGULARLY? _____ IF SO, WHAT? _____

HAS YOUR PET EATEN ANYTHING UNUSUAL IN THE LAST 2-3 DAYS? _____ IF SO, WHAT? _____

IS YOUR PET ON ANY SUPPLEMENTS? _____ IF SO, WHAT? _____

WHEN WAS IT LAST GIVEN? _____

HAVE ANY MEDICATIONS BEEN GIVEN? _____ IF SO, WHAT? _____

WHEN WAS IT LAST GIVEN? _____

WHAT WAS YOUR PET'S RESPONSE TO THE MEDICATION(S)? _____

HAS PET CHEWED OR SWALLOWED ANY FOREIGN SUBSTANCES (GRASS, ROCKS, TOYS)? _____

HAS PET EXPERIENCED ANY CHANGES IN LIFESTYLE (MOVING, VISITORS)? _____

FREQUENTLY WITH GASTROINTESTINAL PROBLEMS, DIAGNOSTIC TESTS SUCH AS BLOOD PROFILES OR RADIOGRAPHS ARE NEED TO ARRIVE AT A DIAGNOSIS. IF YOU WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS OR TREATMENTS ARE PERFORMED PLEASE BE AVAILABLE FOR A PHONE CALL, SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT.

_____ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT.

_____ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS AND TREATMENT.

_____ I AUTHORIZE UP TO \$_____, BUT ABOVE THAT, I WANT A CALL FIRST.

SIGNATURE _____ PHONE NUMBER TO REACH YOU TODAY _____