

DROP OFF INFORMATION SHEET



Appointment Date: [] Pet's Name: []
Owner's Name: []
Home Phone Number: [] Contact Number: _____

- 1- What are the problems your pet is exhibiting: (be specific): LIST MOST TO LEAST IMPORTANT
a. _____
b. _____
c. _____

2- When did the problems begin? _____ Is it an ongoing problem: Yes _____ No _____

- 3- Is your pet going to the bathroom normally?
Urinating: Yes ___ No ___
Bowel Movements: YES ___ NO ___
If NO to either/both, note explanation below:

- 4- Is your pet eating and drinking normally?
Drinking: YES ___ NO ___
Eating: YES ___ NO ___
If NO to either/both, note explanation below:

When was the last time he/she ate? _____ Last time meds were given _____

- 5- Is your pet exhibiting:
Excessive drinking: YES: _____ NO: _____
Excessive urination: YES: _____ NO: _____
When was the last time your pet urinated: _____
Vomiting: YES: _____ NO: _____

- 6- What type of food does your pet eat?
Brand: _____ (Canned or Dry)
How much do you feed your pet each day? _____
What is the feeding schedule? How many times per day? _____ Free Choice _____
When was the last time your pet ate? _____

- 7- Is it possible that your pet has eaten anything foreign in the past 24-48 hours? (trash, non prescribed medications, etc)
YES: _____ NO: _____
If YES, note explanation below

8. Where does your pet live?
Inside ___ Outside ___ Both _____

9. Is your pet currently taking any medications?
This should include any medications prescribed at this clinic or outside of this clinic, including any over the counter medications.
Please list below.

- 10. Ok to sedate: YES _____ NO _____
- 11. Ok to x-ray: YES _____ NO _____ (Please have Owner initial a choice)
- 12. Ok to do Blood work/Urinalysis: YES _____ NO _____
- 13. Proceed with Exam ONLY and call to discuss treatments and procedures? YES _____ NO _____

My signature indicates that I have read and understand the guidelines and treatment options set forth in both PAGES 1 & 2 of the agreement between myself, and Commonwealth Veterinary Clinic, P.C. regarding the treatment and care of my pet .

_____ Date _____