

DROP-OFF INFORMATION SHEET

Date: _____

Owner: _____ Pet: _____

Number(s) where you can be reached today: _____

Time you expect your pet to be ready: _____

Problem for the doctor to examine today: _____

When did you first notice the problem? _____

What did it look like then? _____

Has it been treated at home? Yes _____ No _____

If yes, with what? _____

Has it been treated by another veterinarian? Yes _____ No _____

If yes, with what? _____

Has your pet been drinking more or less water? No _____ More _____ Less _____

Has your pet eaten this morning? Yes _____ No _____

Is your pet on any medication now? Yes _____ No _____ What? _____

Are there any other problems your pet might have that we should be aware of? _____

Do you have any questions or concerns you would like to discuss with your pet's doctor? _____

Contact before performing tests? Yes _____ No _____

Any other messages? _____