Drop-off Illness Questionnaire	Date:
Pet Name:	
Owner's Name:	
Reason for Exam and/ or procedures you already know you	
would like for your pet:	
Symptoms (Circle any that apply)	
Loss of appetite	Skin lumps or bumps (where?)
Weight gain or loss	Hair loss, redness of skin (where?)
Vomiting	Difficulty climbing or rising or jumping up
Diarrhea	Acts painful (where?)
Difficult defecation	Lameness (where?)
Increased thirst or decreased thirst?	Scooting at rectum
Increased or decreased urination?	Toe nails overgrown
Difficulty with urination	Eyes: drainage
Loss of house training or litter box training	Redness
Ears: odor	Right, Left or Both eyes
Shaking head	Coughing or sneezing
Right, Left or Both ears	List any other symptoms that may be
Mouth odor/ teeth sore	significant
Itching or scratching (where?)	Significant
For the item(s) circled above:	
For the item(s) circled above.	
1. How long have the symptoms been noticed?	
2. How often have symptoms been occurr	ing?
3. Are the symptoms improving, staying the same or worsening?	
After doctor's exam, may we do preliminary bloodwork, urinalysis, SEDATE, and/or X-ray?	
Vac places preced with whotever testing and treatment is needed	
Yes, please proceed with whatever testing and treatment is needed.	
Yes, please proceed with testing and treatment up to dollars without	
contacting me.	
No, I prefer to be contacted before any testing or treatment is performed (other than	
what I may have already authorized).	
Diabetic pets. Please have your owner answer the following:	
1. How much insulin did you give today? When?Did you bring	
your own supply of insulin? What time did you feed your pet?	
2. If you have <u>not</u> given insulin, when is your pet due for injection?	
3. Is your pet drinking and urinating normal or increased amounts?	
<b>Pets on Medication at Home</b> . Please have owner answer the following:	
1. What medications have you given your pet already today? And what time did you give	
the medications?	
2. What medications do you need our staff to continue to give to your pet during the course	
of the day?	
X	Today's Contact Number(s):
X Today's Contact Number(s): Signature of owner or representative	
Estimated Pick-Up TimeO	R Call when ready