

Drop-off Intake and History Form

Pet's name _____

Please give name and contact information of the owner that will be available to receive calls TODAY from our veterinarian and staff.

Owner's name _____

First Contact Phone Number _____ Second Phone Number _____

Owner's email _____ Preferred method of contact: Phone call Text Email

**Please let us know if there is a specific time that you prefer our staff to call or a specific time that you will NOT be available. Thank you for your understanding and helping us to take the best care of your pet. _____

Reason for visit today: _____

What is your medical concern? Choose all that apply:

- Gastrointestinal upset (vomiting/diarrhea/poor appetite)
- Respiratory disease (coughing, sneezing, difficulty breathing)
- Urinary abnormalities (frequent urination, painful urination, blood in urine, straining to urinate)
- Skin or ear concerns (head shaking, itching/chewing at skin, scooting)
- Limping
- Painful (tense belly, yelping when touched)
- Wound (bite wound, laceration, abscess)
- Eye concerns (eye discharge, red eye, squinting)
- Unsure (lethargic, not acting themselves, no specific symptoms)
- Other _____

Please describe your concerns about your pet and the duration of these symptoms: _____

Has your pet had this condition / concerns in the past? _____

Does your pet live indoor only, outdoor only or both? _____

Has your pet had any recent changes in their routine (grooming/boarding, travel, addition to the family or new pet, etc.)? If so, please explain _____

Please list your pet's current diet: (include table foods, treats, etc.) _____

Please list all of your pet's current medications including any OTC products you have given in the last 48 hours: -

Consent to proceed with Diagnostic Testing and/or Treatments: I understand that the veterinarian may recommend diagnostic tests such as bloodwork or radiographs to determine the cause of my pet's illness, as well as treatments such as fluid therapy or medications. Following my pet's exam (\$70.00), I authorize up to (\$) in diagnostic testing and/or treatments prior to needing additional consent. (If you enter \$0, someone from your pet's care team will call you prior to any additional testing or treatments). X _____