

DROP-OFF EXAM QUESTIONNAIRE



Client Name: _____
Pet Name: _____ Dog Cat Male Female Color _____ Weight _____ Age _____

Please check the significant problems that apply to your pet and prioritize by number:

- Coughing _____
- Itching Skin _____
- Lethargic _____
- Losing Weight _____
- Vomiting _____ Times per day _____
- Limping: Front Rear Left Right
- Difficulty Defecating _____
- Eye Discharge _____
- Nose Discharge _____
- Shaking Head _____
- Scratching Ears _____
- Has Seizures _____ times per: Day Week Month
- Sneezing _____
- Other _____

How long has your pet displayed these problems?

Describe your pet's appetite and drinking habits:

Describe your pet's urine and bowel habit:

- No Change
- Increased Urine
- Increased Stool
- Formed Stool
- Semi-formed Stool
- Watery Stool

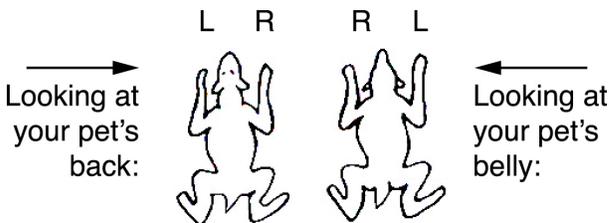
What are you currently feeding your pet:

- Dry Food, which brand? _____
- Canned food, which brand? _____
- People Food _____

Is this a recent change? Yes No

If yes, what were you previously feeding?

Please list any lumps/bumps that you would like checked:



Where does your pet spend his/her time?

- Only Indoor (never outside)
- Mainly Indoor
- Mainly Outdoor
- Equally Indoor/outdoor

Is your pet currently receiving a monthly intestinal and heartworm preventative? Yes No

If yes, what kind and what day of the month?

Is your pet currently receiving any other medications?

Please list medications and dosages

In order to diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the doctor feels they are warranted?

Please initial below:

Yes, proceed with any doctor recommended diagnostic testing.

Please contact me prior to performing any diagnostic testing.

Would you like to be called with an estimate prior to any treatment? Yes No

It is very important that the doctor is able to contact you if they have any questions regarding your pet. If the doctor is unable to reach you it may result in a postponement of treatment.

Please list all phone numbers where you can be reached today:

1st _____

2nd _____

3rd _____

Please list any other comments/questions you have for the doctor:

Drop Off Exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows (critical patients will be examined immediately). Pick up times cannot be guaranteed, but we will try our best to accommodate your schedule. Thank you for allowing us to care for your pet today!

Download this form, fill it out and e-mail it to csr.group@creeksidepetcare.com or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.

Print _____

Sign _____

Date _____