Client ID:
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SICK Drop- off Exam Questionnaire

Owner's Name	
Pet's Name	
Date	
Pick- up time	

**Pick- up times are not guaranteed*

What does your pet need done today?

- ☐ Exam
- ☐ Other:_____

Please check the significant problems that apply to your pet

- ☐ Coughing
- ☐ Itching skin
- ☐ Eye discharge
- ☐ Lethargic
- ☐ Vomiting ___ times per day
- ☐ Limping, specify leg:_____
- ☐ Difficulty defecating
- ☐ Having seizures ____ times per day/week/month
- ☐ Sneezing
- ☐ Scratching Ears
- ☐ Nasal discharge
- ☐ Weight loss
- ☐ lumps
- ☐ Other:_____

Describe your pet's appetite and drinking habits

Eating:

- ☐ Increased
- ☐ Normal
- ☐ Decreased

Drinking:

- ☐ Increased
- ☐ Normal
- ☐ Decreased

Describe your pet's bathroom habits

Urine:

- ☐ Increased
- ☐ Normal
- ☐ Decreased

Stool:

- ☐ Normal
- ☐ Soft
- ☐ Diarrhea

If Diarrhea:

- ☐ Large amount
- ☐ Small amount
- ☐ Blood

How long has your pet displayed these problems?

_____

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Has your pet had any previous problems?

_____

What are you currently feeding your pet?

- ☐ Dry food, Brand:_____
- ☐ Wet food, Brand:_____
- ☐ People food

Is this a recent change? _____
If yes, what were you previously feeding?_____

Is your pet currently receiving any medications? If yes, Please list medications and dose below

Medication	Dose

Please list any other comments or questions for the doctor:

In order to diagnose your pet's condition, your pet may require bloodwork, x- rays, and/ or other diagnostic testing. Do you authorize tests if the doctor feels it is warranted? Please initial below

- ☐ **Do what is necessary**
- ☐ **Call if estimated cost is more than $_____**
- ☐ **Call with estimate prior to any treatment**

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It is VERY important that the doctor is able to reach you if we have questions regarding your pet. Failure to be reached may result in postponement of your treatment.

Primary number:_____
Alternate number:_____

- ☐ ***PLEASE initial so that we know you have read this statement: We REQUIRE PROOF of Rabies for ALL appointments. PLEASE bring proof of rabies vaccination with you. If this is not provided, we will vaccinate your animal for Rabies***

We would GREATLY appreciate it if you are able to provide us access to your pet's previous medical records.

Drop- off exams are offered for your convenience. Your pet will be examined as the doctor's schedule allows. Critical patients will be examined and stabilized immediately. Pick up times cannot be guaranteed.

I, the owner of the pet above, authorize Glades Pike Veterinary Hospital to examine, diagnose, and treat my pet as described above. I accept full responsibility for all costs incurred. I understand that, as a condition of treatment by this hospital, all payments must be made at time of service. In the event that this account should go unpaid, I will be subject to the costs of collections, including attorney fees and/or collection agency fees.

Pet Parent Signature: **Date:**