

DROP OFF QUESTIONNAIRE

Date _____ Account Number _____

Owner's Name _____ Telephone # Today _____

Pet's Name _____ Species _____ Breed _____

Color _____ Sex _____ Weight _____ Age _____

What is the problem?		
What are the symptoms?		
When did you first notice the problem?		
Is this the first time your pet has had this problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If NO, list dates of other occurrences</i>
How long did it last?		
What was the problem treated by a veterinarian or did it go away?		
Is the problem getting better, worse or staying the same?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Remain the same	<i>Explain</i>
Has your pet ever had a similar problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, how long ago?</i>
Is your pet on any medications? (include heartworm prevention or flea control products)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, list medications</i>
Is your pet allergic to any medications?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, list medications</i>
Are there any other problems we should be aware of today?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, list problems</i>
PLEASE CHOOSE ONE OF THE FOLLOWING		
<input type="checkbox"/> I authorize diagnostic tests not to exceed \$ _____ as recommended by the veterinarian without telephoning me. Diagnostic tests may include laboratory tests and/or radiographs. _____ <div style="text-align: right;"><small>(Initial)</small></div>		
<input type="checkbox"/> I authorize diagnostic tests and/or treatment not to exceed \$ _____ as recommended by the veterinarian without telephoning me prior to tests and/or treatment. _____ <div style="text-align: right;"><small>(Initial)</small></div>		

Signature _____ Date _____