2940 RIGSBY AVENUE
SAN ANTONIO, TEXAS 78222
(210) 333-5753

Drop–Off HISTORY FORM

Patient Name ________________________ Client Name______________________

Date ____________________________

Doctor Preference: ____________________________

1. Is your pet coughing/sneezing? Y / N If yes, how often? ________________________________
2. Has your pet had any vomiting/diarrhea? Y / N If yes, please explain (frequency, consistency, duration).

   ____
3. Is your pet eating normally? Y / N What food are they eating?__________________________

   Any treats? ________________
4. Is your pet drinking normally? Y / N
5. Is your pet urinating/defecating normally? Y / N If no, please explain.

   ____
6. Is your pet itching? Y / N If yes, what areas are most affected? ____________________ What is the "itch" level on a scale of 1 to 10 (1 = no itching, 10 = extremely itchy) ___/10
7. Is your pet current on heartworm/flea prevention? Y / N What type of prevention does your pet receive?

   ______________ When was the last dose given? ______________
8. Is your pet currently receiving medication(s)? Y/ N If yes, what kind and how often?

   ___________________________________ Has your pet received medication today? Y / N

   Please Explain: ____
9. What concerns do you have with your pet today? How long has it been going on?

   ____

Would you like us to:

[ ] Treat your pet after examination?

[ ] Call you with the findings of the examination and an estimate of treatment cost prior to our treating your pet? Contact number ______________________________