

**Paws & Claws Animal Hospital  
Drop Off Exam Questionnaire**

Owners Name \_\_\_\_\_ Pets Name \_\_\_\_\_ Date \_\_\_\_\_

**Please check the significant problems.**

- |  |  |
|--|--|
| <input type="checkbox"/> Coughing                | <input type="checkbox"/> Eye Discharge   |
| <input type="checkbox"/> Lethargic               | <input type="checkbox"/> Nose Discharge  |
| <input type="checkbox"/> Vomiting ____ times day | <input type="checkbox"/> Scratching Ears |
| <input type="checkbox"/> Limping                 | <input type="checkbox"/> Shaking Head    |
| Which leg? _____                                 | <input type="checkbox"/> Having Seizures |
| <input type="checkbox"/> Difficulty Defecating   | How often? _____                         |
| <input type="checkbox"/> Losing Weight           | <input type="checkbox"/> Sneezing        |
| <input type="checkbox"/> Itching Skin            |  |

**Other problem(s) not listed? Please specify.**

\_\_\_\_\_

**How long has your pet displayed these problems?**

\_\_\_\_\_

**My pet is urinating:**

- Normally
- Increased Amount
- Decreased Amount
- Increased Frequency
- Increased Volume

**My pet is defecating:**

- Normally
- Soft Stool
- Liquid/Watery Stool
- Hard/Dry Stool

**What are you currently feeding your pet?**

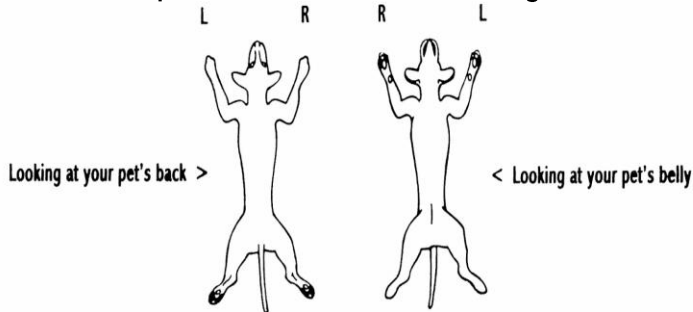
- Appetite: \_\_ Increased \_\_ Decreased \_\_ Same
- Dry Food, which Brand? \_\_\_\_\_
- Canned Food, which Brand? \_\_\_\_\_
- Human Food \_\_\_\_\_

**Is this a recent Change? \_\_\_\_\_ If yes, what were you previously feeding?** \_\_\_\_\_

**How much and how often are you feeding your pet?**

\_\_\_\_\_

**If your pet has lumps, bumps, cuts, sores that you wish to have us look at please note the area on the diagram below**



**For feline patients:**

- How many cats do you have in your home? \_\_\_\_\_
  - How many litter boxes are available? \_\_\_\_\_
  - Are the litter boxes covered/uncovered?
- \_\_\_\_\_

**Where does your pet spend their time?**

- Only Indoor (never outdoor)  Mainly Outdoor
- Mainly Indoor  Equally in/out

**Is your pet currently receiving a regular intestinal parasite and heartworm preventative and/or flea/tick preventative? If so, what type/brand and when was the last time given:**

\_\_\_\_\_

**Is your pet currently receiving any other medications?**

**Please list medications and daily doses even if prescribed by us and any medications from other pets or over the counter medications**

\_\_\_\_\_

\_\_\_\_\_

**Baseline costs for diagnosing/treating a sick patient may be approximately \$350 in addition to the physical exam. Do you give permission to proceed with doctor recommended diagnostic testing? Please *initial* which option is applicable.**

- \_\_\_\_\_ Yes, I give permission to proceed.
- \_\_\_\_\_ No, contact me with an estimate before proceeding with diagnostics or treatment.

**In the event of an emergency, do we have permission to perform life sustaining procedures until we are able to contact you? This may be upwards of \$300 in treatment.**

- Yes  No

**It is very important that the doctor can contact you if he/she has questions regarding your pet. *Failure to be reached may result in postponement of treatment.***

**What's the best number you can be reached at today?**

\_\_\_\_\_

**Alternate** \_\_\_\_\_

**Please list any other comments or questions you have for 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.**

**Client's Signature and Date**

\_\_\_\_\_