

DROP-OFF EXAMINATION QUESTIONNAIRE

Age (or appx.): _____ Has your pet been spayed or neutered? Yes No

Is your pet's appetite: Normal Increased Decreased

What does your pet normally eat? (include type of food, table scraps) _____

Is your pet's water consumption: Normal Increased Decreased

Urination habits normal? Yes No If No, please explain: _____

Is your pet vomiting (throwing up)? Yes No

If yes,

When did you first notice the vomiting? _____

Does the vomit consist of blood, food, phlegm, bile (yellow fluid) (Please circle all that apply)

How frequent is the vomiting? _____ times per day/week (Please circle)

Is your pet having any diarrhea? Yes No

If yes, when did you first notice the diarrhea? _____

Is the stool: Soft Runny Very Watery

Does the stool have: No blood Bright Red Blood Dark red blood/black stools

Is your pet sneezing? Yes No Coughing? Yes No

Has your pet ever fainted? Yes No Seizured? Yes No

Where does your pet spend most of his/her time?

Mainly Indoors Indoors Only Mainly Outdoors Outdoors Only

Do you notice your pet shaking his head, rubbing or scratching at his ears? Yes No

Have you noticed any lumps or bumps? Yes No If yes, where? _____

List all prescriptions, over the counter medications, vitamins or supplements your pet is currently taking:

Anything else that may be helpful for Dr.'s to know?

To ensure accurate and speedy information is communicated to you, our Dr. or qualified staff will call you with an update on your pet as soon as it becomes available. Please do not call our office for an update.

Thank you for your understanding.

MUST CHECK ONE Your pet's Doctor will call you to authorize recommended treatments or further diagnostics. In the event the Doctor cannot reach you:

I authorize any testing or treatment my pet's Doctor recommends, with a maximum expenditure of \$_____ before consulting with me.

Only what is required to stabilize, resuscitate, or immediately save my pet's life.

I understand if my pet has fleas, it will be treated at my expense (\$3-\$5). I am fully aware and agree that any services or treatments performed or medications administered are my financial obligation, and I agree to pay my bill in full before my pet will be released to me. I understand that in the unlikely event my pet passes away under Animal Clinic of Ava's care, I remain financially responsible for my pet's charges, and will pay the bill in full.

X _____ **I CAN BE REACHED TODAY AT PHONE #** _____