

DROP OFF QUESTIONNAIRE

For: _____ Date _____

IF YOU HAVE NOTICED ANY ABNORMALITIES IN YOUR PET, PLEASE DESCRIBE THEM ON THE LINES BESIDE EACH SYMPTOM.

Activity level normal? Yes ☐ No ☐ _____

Eating/drinking normally? Yes ☐ No ☐ _____

Did he/she eat today? Yes ☐ No ☐ If so, what time? _____

What brand of food has he/she been eating at home? _____

How much food is he/she eating? _____

Does he/she receive any treats? Yes ☐ No ☐ What kind? _____ How many per day? _____

Vomiting? Yes ☐ No ☐ How often? _____ Duration? _____

How long after he/she eats? _____ What does the vomit look like? _____

Diarrhea or Constipation? Yes ☐ No ☐ How often? _____ Duration? _____

Appearance of Stool (if abnormal)? _____ Is there blood in it? Yes ☐ No ☐

Coughing? Yes ☐ No ☐ How many times per day? _____ Duration? _____

Cough anything up? Yes ☐ No ☐ _____

Sneezing? Yes ☐ No ☐ How often? _____ Duration? _____

Nasal discharge? Yes ☐ No ☐ _____ What color? _____

Changes in mobility (walking, jumping)? Yes ☐ No ☐ _____

Urinating normally? Yes ☐ No ☐ _____ Accidents in House? Yes ☐ No ☐

Scratching? Yes ☐ No ☐ _____

If yes, on a scale of 1-10 with 10 being unbearably itchy, how itchy? 1 2 3 4 5 6 7 8 9 10

Any fur loss noticed? Yes ☐ No ☐ _____

What medications is he or she receiving and how often? Any this morning? Yes ☐ No ☐

Heartworm preventative? Yes ☐ No ☐ Which brand? _____

Flea/tick preventative? Yes ☐ No ☐ Which brand? _____

Any other concerns we should know about? _____
