

# 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_