

Patient Name: _____



Patient Drop Off Form

Date: _____

I would like my pet to be examined for the following problem(s):

My pet is strictly: (please circle) **Indoors** **Outdoors** **Both**

Please circle any of the following symptoms you have noticed:

- | | | | | | |
|-----------------------------|------------------------|---------------------------|-------------------------|---------------------------|-------------------|
| <i>Vomiting</i> | <i>Diarrhea</i> | <i>Itching</i> | <i>Excessive thirst</i> | <i>Sneezing</i> | <i>Bad breath</i> |
| <i>Coughing</i> | <i>Limping</i> | <i>Hair loss</i> | <i>Weight loss</i> | <i>Change in appetite</i> | <i>Weakness</i> |
| <i>Flaky skin</i> | <i>Scratching ears</i> | <i>Shaking head</i> | <i>Fleas/Ticks</i> | <i>Worms</i> | <i>Scotting</i> |
| <i>Difficulty urinating</i> | | <i>Frequent urination</i> | | | <i>Soreness</i> |

Have you noticed any additional symptoms? If so, please list here:

Previous Surgeries: _____

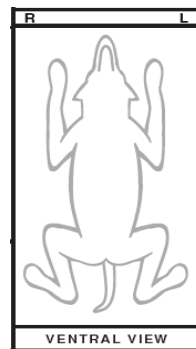
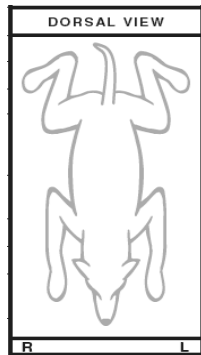
Previous Medical Conditions: _____

Current Diet: _____ Amount: _____

We may need to draw blood on this visit. Has your pet eaten today: _____

Please list any medications your pet is currently taking (including heartworm and flea medication):

Lumps, bumps, tumors, and skin lesions: (Please draw on the diagram the location, relative size, when first noticed, and if it bothers your pet.)



Our goal in examining your pet is to treat those problems that you are concerned about, and to check for any additional problems that may exist. After an examination is performed, the Doctor or technician will discuss any findings with you and make treatment recommendations.

I certify that I am the owner of the above listed pet, or I am responsible for him/her. I hereby consent and authorize Windvale Pet Hospital to receive, examine, and prescribe medication for my pet. I assume full financial responsibility for this pet and understand that payment for services rendered is due at the time of pick up of my pet.

Signature: _____

Phone numbers where you can DEFINITELY be reached at TODAY:

Home: _____ Cell: _____

Work: _____ Push Notification Through App: YES / NO