

Durango Animal Hospital
Drop Off Exam Questionnaire

Owners Name _____ Pets Name _____ Date _____ P/U _____

What do you need performed on your pet today?

- Exam Vaccines
 Boarding Bath

Please check the significant problems that apply to your pet and prioritize by number

- Coughing Sneezing
 Itching skin Scratching Ears
 Eye Discharge Nose Discharge
 Lethargic Losing Weight
 Vomiting _____ times day
 Limping (front rear right left)
 Difficulty Defecating
 Having Seizures _____ times per
Day/Week/Month
 Other _____

Describe your pet's appetite and drinking habits

- Eating** Normal Increased Decreased
Drinking Normal Increased Decreased

Describe your pets urine and bowel habits

- Urine** Normal Increased Decreased
Stool Normal Soft Diarrhea
If Diarrhea Large Amt Small Amt Blood

How long has your pet displayed these problems?

Has your pet had any previous problems?

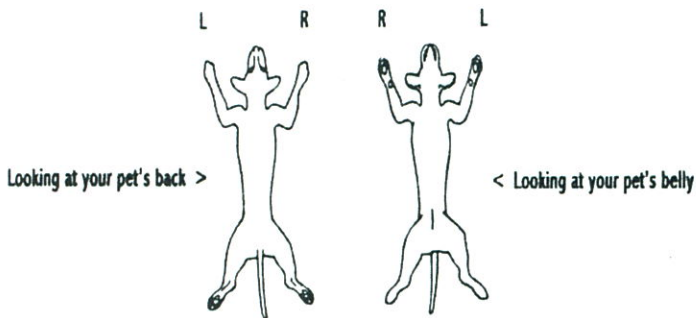
What are you currently feeding your pet?

- Dry Food, which Brand? _____
 Canned Food, which Brand? _____
 People Food _____

Is this a recent Change? _____

If yes, what were you previously feeding?

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



Where does your pet spend his/her time?

- Only Indoor (never outside) Mainly Indoor
 Equally indoor/outdoor Mainly Outdoor

Is your pet currently receiving any other medications? Please list medications and daily doses

Please list any other comments or questions you have for doctor

In order to diagnose your pet's condition, your pet may require blood tests, xrays, and/or other diagnostic testing. Do you authorize tests if the doctor feels it is warranted? Please initial below

- _____ **Do what is necessary**
_____ **Call if estimated cost is more than \$ _____**
_____ **Call with estimate prior to any treatment**

Please initial any additional services that you would like performed while your pet is in the hospital:

- _____ **Nail Trim- \$10**
_____ **Anal Gland Expression - \$10**
_____ **Bath - \$15-23 depending on size**

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

Number you can be reached today

Alternate _____

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. There is a \$5 fee for drop offs (excluding boarding/baths)

I, the owner of the above pet, authorize Durango Animal Hospital to exam, diagnose, and treat my pet as approved above.

Signature _____ Date _____