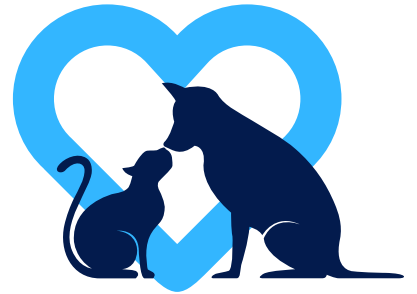




DROP OFF



DATE _____

YOUR NAME _____

PHONE NUMBER _____ EMAIL _____

PET NAME _____ DOG OR CAT _____ BREED _____ SEX _____

REASON FOR VISIT / PROBLEM WITH ANIMAL: _____

PROBLEM GETTING: BETTER _____ WORSE _____ NO CHANGE _____

APPETITE: NORMAL _____ EXCESSIVE _____ DECREASED _____

WATER INTAKE: NORMAL _____ EXCESSIVE _____ DECREASED _____

VOMITING: YES _____ NO _____

BOWEL MOVEMENT:

NORMAL _____ DIARRHEA _____ INCREASED _____ BLOODY _____ STRAINING _____

URINATION:

NORMAL _____ DECREASED _____ INCREASED _____ BLOODY _____ STRAINING _____

BEHAVIOR: NORMAL _____ LESS ACTIVE _____

DID YOUR PET EAT THIS MORNING? YES _____ NO _____

IS YOUR PET TAKING ANY MEDICATIONS? YES _____ NO _____

if YES please list: _____

PERMISSION TO SEDATE (IF NECESSARY) ? YES _____ NO _____

CATS ONLY: INDOOR CAT _____ OUTDOOR CAT _____ BOTH _____