

Blackhorse Animal Hospital

Dr. Fred Schneider Dr. Kristen Endsley Dr. Samantha Monier

DROP-OFF QUESTIONNAIRE

Please answer the following questions as thoroughly as possible. Your pet can not tell us why they are not feeling well or where it hurts. We rely on the information you give us to aid us in our diagnosis of the illness and to help us improve the health of your pet. Please leave a phone number so that we may contact you after the initial exam is done. No other procedures will be done without your consent.

What is the main complaint? _____

When did you first notice the problem? _____

Is your pet eating & drinking normally (explain)? _____

Any discharge from the eyes (explain)? _____

Any odor from the ears? _____

Any scratching, if so where? _____

Any vomiting or diarrhea in the last 48 hours ? _____

Is your pet on heartworm preventative? What type? _____

Are we up-to-date on our vaccinations? _____

What diet is your pet eating? _____

Are we having problems urinating or defecating? _____

Any bumps or lumps on your pet? If
so, where? _____

SIGNATURE OF OWNER/RESPONSIBLE AGENT DATE

Phone Number(s)

Pet's Name