

# 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