

# Drop-Off Exam Questionnaire

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salemvetvb.com



Client Name \_\_\_\_\_  Dog  Cat  Male  Female

Pet Name \_\_\_\_\_ Breed/Color \_\_\_\_\_ / \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Coughing _____   | <input type="checkbox"/> Limping _____         |
| <input type="checkbox"/> Itching Skin _____   | <input type="checkbox"/> Nose discharge _____  |
| <input type="checkbox"/> Lethargic _____  | <input type="checkbox"/> Shaking head _____    |
| <input type="checkbox"/> Losing weight _____  | <input type="checkbox"/> Scratching ears _____ |
| <input type="checkbox"/> Difficulty defecating _____  | <input type="checkbox"/> Sneezing _____        |
| <input type="checkbox"/> Eye discharge _____  | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Vomiting _____ # times per day _____   |  |
| <input type="checkbox"/> Seizures _____ # times per: <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month |  |

### How long has your pet displayed these problems?

\_\_\_\_\_

### Describe your pet's appetite and drinking habits:

- No change
- Increased appetite
- Decreased appetite
- Increased water consumption
- Decreased water consumption

### What are you currently feeding your pet?

- Dry food :: Brand? \_\_\_\_\_
- Wet food :: Brand? \_\_\_\_\_
- People food :: Kinds? \_\_\_\_\_

Is this a recent change?  Yes  No

### If yes, what were you previously feeding?

\_\_\_\_\_

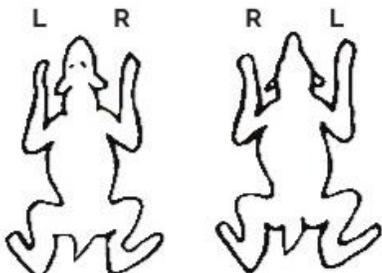
### Describe your pet's urine and bowel habits:

- |  |  |
|--|--|
| <input type="checkbox"/> No change       | <input type="checkbox"/> Formed stool      |
| <input type="checkbox"/> Increased Urine | <input type="checkbox"/> Semi-formed stool |
| <input type="checkbox"/> Increased stool | <input type="checkbox"/> Watery stool      |
| <input type="checkbox"/> Other _____     |  |

### Please use the diagram below to mark and list any lumps/bumps on your pet that you would like checked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Looking at your pet's  
Back                      Belly



### Where does your pet spend his/her time?

- |   |   |
|---|---|
| <input type="checkbox"/> Indoor only    | <input type="checkbox"/> Equally indoor/outdoor |
| <input type="checkbox"/> Mainly indoor  | <input type="checkbox"/> Outdoor only           |
| <input type="checkbox"/> Mainly outdoor |   |

### Is your pet currently receiving a monthly intestinal parasite and heartworm preventative?

Yes  No -Preventative name: \_\_\_\_\_

### Is your pet currently receiving a monthly flea & tick preventative?

Yes  No -Preventative name: \_\_\_\_\_

### Is your pet currently receiving any other medications? Please list medications and dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. **Do you authorize tests if the doctor feels they are warranted?**

- Yes, proceed with any doctor recommended diagnostic testing.
- Please contact me prior to performing any diagnostic testing.

### Would you like to be called with an estimate prior to any treatment?

Yes  No

It is very important that the doctor is able to contact you if they have any questions regarding your pet. If the doctor is unable to reach you, it may result in a postponement of treatment.

### Please list all phone numbers where you can be reached today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please list any other comments/questions you have for the doctor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, but we will try our best to accommodate your schedule. Thank you again for allowing us to care for your pet today!

Download this form, fill it out, and e-mail it to [salemvetvb@gmail.com](mailto:salemvetvb@gmail.com) or print it out and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.

Print \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_