

BLACKHORSE ANIMAL HOSPITAL

DR. FRED SCHNEIDER & DR. ELBERT DERRICK

DATE:

DROP-OFF QUESTIONNAIRE

Please answer the following questions as thoroughly as possible. Your pet cannot tell us why he or she is 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 with us so the doctor can call you after his initial exam. No other procedures will be done without your consent.

What is the main complaint? _____

When did you first notice the problem(s)? _____

Is your pet eating and drinking normally? (Explain) _____

Have you noticed any discharge from his/her eyes? (Explain) _____

Have you noticed an odor from the ears? _____

Have you seen your pet scratching any part(s) of his/her body? If so, where? _____

Has your pet vomited or had diarrhea in the last 48 hours? _____

Is your pet on heartworm preventative? _____ What type? _____

Is your pet up-to-date on his/her vaccinations? _____

What diet is your pet eating? _____

Is your pet having trouble urinating or defecating? _____

Have you noticed any lumps or bumps on your pet? If so, where? _____

Signature of Owner / Agent _____

Pet's Name _____

Phone number(s) _____