



15021 Edwards St., Huntington Beach, CA 92647-2508 (714)898-0568

Pet name: _____

Drop Off Exams

When did your animal last eat? What do you feed your pet?

Describe in detail any concerns that you have of your pet.

How long has you pet been experiencing this problem?

How are your pets eating and drinking habits? Describe in detail if needed.

Is your pet vomiting? Yes No
Describe if needed:

Does your pet have diarrhea? Yes No
Describe if needed:

Is your pet coughing? Yes No
Describe if needed:

Is your pet sneezing? Yes No
Describe if needed:

Has your pet been seen by another Veterinarian? For what purpose?

Is your pet on any medications or nutritional supplements?
If so, please list:

(please circle one)

If diagnostics or medications are needed, I authorize 0-\$50, \$51-\$100, \$101+, before needing to be contacted.

Date

Owner's Signature

Phone Number
Pick-up time desired: _____