



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

Pet name: _____ Client Name: _____ Date: _____

Drop Off Exam Form

1. Describe in detail any concerns that you have of your pet/Reason for visit.

2. How long has your pet been experiencing this problem? _____
3. What do you feed your pet and how often? _____
4. What treats do you feed and how often? _____
5. Have there been any changes to your pet's eating and drinking habits? If yes, please explain.

6. Current medications, including supplements/vitamins (Names and how often administered?)

7. Time of medication last given. _____
8. What flea prevention are you giving to your pet? _____
9. Last dose of flea medication given? _____
10. What heartworm prevention are you giving? _____
11. Last dose of Heartworm medication given? _____
12. Do you need any medication refills? If yes, which one(s) _____
13. Is your pet vomiting? **YES** **NO**
Please explain: _____
14. Does your pet have diarrhea? Soft Stool? **YES** **NO**
Please explain:

15. Is your pet coughing or sneezing? **YES** **NO**
Please explain:

16. Any history of seizures? _____
17. Has your pet travelled out of city or state recently? _____
18. Any other veterinary hospital where we would need to call for medical records? If yes, name of hospital _____

If diagnostics or medications are needed, I authorize

\$0 \$1-50 \$51-\$100 \$101+

before needing to be contacted.

Date

Owner's Signature

Phone Number(s)