

Drop Off Check In

Pets Name _____ Owner to Contact _____

Phone Number _____ Best time to call _____

Presenting Concern _____

Which body part is involved? _____

How long has this been going on? _____

When did they last eat? Drink? _____

When did they last have a bowel movement? _____

Are they straining to defacate? _____

When did they last urinate? _____

Have you noticed an increase in water consumption? _____

Have you noticed an increase in urination? _____

Any vomiting? _____ No _____ Yes

If yes, when did it start? _____

How often are they vomiting? _____

Is it food/bile/other? _____

Any diarrhea? _____ No _____ Yes

If yes, when did it start? _____

How often are they defacating? _____

What is the consistency? _____

Have you given any medicaton at home for this problem? _____

If yes, what and how often? _____

Has this happened previously? _____

Depending on the situation, the doctor may need to do further testing to help determine the cause of the issue. If necessary, may we perform x-rays and/or bloodwork?

_____ Yes for bloodwork

_____ Yes for x-rays

_____ No

_____ Please call first

Name (Print) _____ Date _____

Signature _____