

SICK PET DROP-OFF FORM

Date: _____

Owner's Name: _____

Pet's Name: _____

Chief complaint: _____

Are any of the following signs present? (Circle all that apply)

- | | | |
|----------|------------------|-------------------------|
| vomiting | diarrhea | coughing |
| sneezing | lack of appetite | inappropriate urination |
| seizure | fainting | lethargy |

If you circled any of the above, please give details about the duration and appearance:

What is your pet's normal food? _____

When did your pet last eat? _____

Please classify your pet's water consumption in the last 48 hours: (circle one)

- normal decreased increased

What medication(s) are you presently giving to your pet? _____

Did you give your pet these medications before coming in today? ____ No Yes ____; If Yes when? _____

Did you bring your pet's medication today? ____ Yes ____ No

Telephone number where you can be reached today: _____

Best time to call: _____

Doctor preference: _____

Desired pick-up time: _____