

PLEASANT VALLEY PET CLINIC

PET DROP OFF FORM

Client: _____ Pet: _____

REASON FOR TODAY'S VISIT: _____

PLEASE CIRCLE THE CHANGES SEEN AT HOME, PLEASE INDICATE WHEN YOU FIRST NOTICED ANY CHANGES.

GENERAL ATTITUDE:

- 1-Bright
- 2-Depressed
- 3-Quiet
- 4-Listless
- 5-Other _____
- 6-First noticed _____

CIRCLE ANY THAT APPLY:

- 1-Sneezing
- 2-Coughing
- 3-Gagging
- 4-Choking
- 5-Shaking
- 6-Trembling
- 7-Difficulty breathing
- 8- Weight Loss/
Gain
- 9-First Noticed _____

APPETITE:

- 1-Normal
- 2-Decreased
- 3-Increased
- 4-None
- 5-Diet _____

WATER INTAKE

- 1-Normal
- 2-Decreased
- 3-Increased
- 4-None
- 5-First Noticed _____

URINATIONS:

- 1-Normal
- 2-Increased Amount
- 3-Decreased Amount
- 4-Increased Frequency
- 5-Decreased Frequency
- 6-Blood
- 7-Straining
- 8-Pain
- 9-Dribbling/Incontinent
- 10-First Noticed _____

BOWEL MOVEMENT:

- 1-Normal
- 2-Loose
- 3-Soft
- 4-Diarrhea
- 5-Blood
- 6-Mucous
- 7-Hard
- 8-Constipated
- 9-Fist Noticed _____

VOMITING:

- 1-First Noticed _____
- 2-How Often _____
- 3-Blood _____
- 4-Color _____
- 5-Contents _____

DISCHARGES:

1-Eyes 4-Penis
2-Ears 5-Vulva
3-Nose 6-Rectum
First Noticed _____
Color _____

MOUTH/GUM/TEETH:

1-Swollen 4-Drooling
2-Discolored 5-Blood
3-Odor 6-Other
First Noticed _____

EYES:

1-Swollen 3-Injured
2-Closed 4-Vision Loss
First Noticed _____

EARS:

1-Painful 4-Injured
2-Odor 5-Hearing Loss
3-Swollen First Noticed _____

SKIN:

1-Odor 4-Hair Loss
2-Itch 5-Lesions
3-Injuries 6-Other _____
First Noticed _____

MUSCULOSKELETAL:

1-Lameness 3-Where
2-Limping
First Noticed _____

FEMALE PETS:

1-“Last Bred” _____
2-Last known “Heat Cycle” _____

HEARTWORM PREV: _____

FLEA/TICK PREV: _____

Medications _____

Do you wish to be called after your pet’s examination? YES/NO

Have we permission to start treatment? YES/NO

Signature: _____ Date: _____

Telephone number (where you can be reached): _____

Pager/Cell Phone Number: _____