

drop-off exam questionnaire

PH: 346-231-7400 | FAX: 346-231-7444

MERCYPETCLINIC.ORG



Client Name _____ Dog Cat Male Female

Pet Name _____ Color _____ Weight _____ Age _____

Please check the significant problems that apply to your pet and prioritize by number:

- | | |
|---|--|
| <input type="checkbox"/> Coughing _____ | <input type="checkbox"/> Nose Discharge _____ |
| <input type="checkbox"/> Itching Skin _____ | <input type="checkbox"/> Shaking Head _____ |
| <input type="checkbox"/> Lethargic _____ | <input type="checkbox"/> Scratching Ears _____ |
| <input type="checkbox"/> Losing Weight _____ | <input type="checkbox"/> Sneezing _____ |
| <input type="checkbox"/> Difficulty Defecating _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye Discharge _____ | |
| <input type="checkbox"/> Vomiting _____ # Times per Day _____ | |
| <input type="checkbox"/> Has Seizures _____ # Times per: Day _____ Week _____ Month _____ | |
| <input type="checkbox"/> Limping _____ Front _____ Rear _____ Left _____ Right _____ | |

How long has your pet displayed these problems?

Describe your pet's appetite and drinking habits:

Describe your pet's urine and bowel habit:

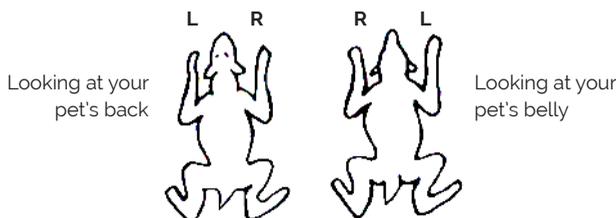
- | | |
|--|--|
| <input type="checkbox"/> No Change | <input type="checkbox"/> Formed Stool |
| <input type="checkbox"/> Increased Urine | <input type="checkbox"/> Semi-formed Stool |
| <input type="checkbox"/> Increased Stool | <input type="checkbox"/> Watery Stool |

What are you currently feeding your pet:

- Dry Food :: Which Brand? _____
- Canned Food :: Which Brand? _____
- People Food :: What Kinds? _____

Is this a recent change? If yes, what were you previously feeding? _____

Please use the diagram below to mark and list any lumps/bumps on your pet that you would like checked:



Where does your pet spend his/her time?

- | | |
|--|---|
| <input type="checkbox"/> Only Indoor (never outside) | <input type="checkbox"/> Mainly Outdoor |
| <input type="checkbox"/> Mainly Indoor | <input type="checkbox"/> Equally Indoor/outdoor |

Is your pet currently receiving a monthly intestinal and heartworm preventative?

- Yes No

If yes, what kind and what day of the month?

Is your pet currently receiving any other medications?

Please list medications and dosages

In order to diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the doctor feels they are warranted? Please check below:

- Yes, proceed with any doctor recommended diagnostic testing.
- Please contact me prior to performing any diagnostic testing.

Would you like to be called with an estimate prior to any treatment?

- Yes No

It is very important that the doctor is able to contact you if they have any questions regarding your pet. If the doctor is unable to reach you it may result in a postponement of treatment.

Please list all phone numbers where you can be reached today:

Please list any other comments/questions you have for the doctor:

Drop Off Exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows (critical patients will be examined immediately). Pick up times cannot be guaranteed, but we will try our best to accommodate your schedule. Thank you for allowing us to care for your pet today!

Download this form, fill it out and e-mail it to staff@mercypetclinic.org or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.

Print _____ Sign _____

Date _____