

Schulhof Animal Hospital Drop-Off Sheet

PLEASE NOTE: Payment is expected as service is rendered

Owner's Name: _____ Contact Number: _____

Pet's Name: _____ Species: _____

Pet is Here For: _____

Do we have your permission to perform: Blood Work? Yes__ No__ X-Rays? Yes__ No__

I give permission for my pet to be treated for the services/ procedures listed above.

Signature _____ Date _____

General Information

Please check all that apply where indicated

What is your pet fed? _____

(brand?, wet/dry?, how much fed?)

Last meal today? _____ How long has your pet been on the above diet? _____

Please list any medications your pet has been receiving: _____

Your pet's appetite is: Normal__ Excessive__ Poor__ Absent__

Your pet's water consumption is: Normal__ Increased__ Decreased__

Your pet's energy level is: Normal__ Increased__ Decreased__

Has your pet been coughing? Yes__ No__ Sneezing? Yes__ No__

Has your pet been exposed to any other animals? Yes__ No__ If Yes, What? _____

Please note any changes in your pet, questions, or concerns: _____

Muscular and Skeletal Information

Has your pet been limping? Yes__ No__

Has the lameness gotten: Worse__ Better__ No Change__

In which leg is your pet lame? _____

Has your pet been licking or biting at a specific area of the leg? Yes__ No__ Where? _____

If know, please give a brief history of events that may have caused this: _____

OVER PLEASE, ADDITIONAL INFORMATION IS REQUIRED ON THE REVERSE

Gastrointestinal Information

Your pet's bowel movements are: Normal__ Hard__ Soft__ Diarrhea__ Bloody__

When was your pet's last bowel movement? _____ Frequency? _____

Have you noticed your pet scooting? Yes__ No__

Is your pet vomiting? Yes__ No__ If yes, how often _____ Last episode? _____

What is being vomited? Food__ Water__ Bile__ Hairballs__ Other _____
(please specify)

Could your pet have eaten something other than food? Yes__ No__ If yes, what? _____

Additional Information/Symptoms: _____

Urinary Information

Is your pet's urination: Normal__ Increased__ Decreased__ Frequent__ Weak Stream__

When did your pet last urinate? _____

How frequently does your pet urinate? _____

Does your pet strain to urinate? Yes__ No__

Does your pet urinate while sleeping? Yes__ No__

Did you notice any blood in the urine? Yes__ No__

Additional Information/Symptoms: _____

Skin/Eye/Ear Information

Is your pet's skin: Normal__ Itchy__ Red__ Oozing__ Cut__ Rash__ Dry/Flaky__ Bleeding__

Is there a lump? Yes__ No__ If yes, is the lump getting: Larger__ Smaller__ Same__

Where is the lump or skin issue located? _____

Has your pet been shaking its head? Yes__ No__

Do your pet's eyes look: Normal__ Red__ Discharge__

If irritated, which eye? Left__ Right__ Both__

For how long have you noticed any of the above symptoms? _____

Additional Information/Symptoms: _____
