

SPOTSYLVANIA ANIMAL HOSPITAL, LLC

Patient Drop-Off Information Form

- 1. What is the **primary** reason for your pet's visit today? \_\_\_\_\_
- 2. Are there other symptoms present? \_\_\_\_\_
- 3. Is your pet's appetite normal? Yes \_\_\_ No \_\_\_ When did he/she last eat? \_\_\_\_\_  
What did he/she eat? \_\_\_\_\_ How much did she/he eat? \_\_\_\_\_
- 4. Have you noticed any of the following symptoms:

Increased/Decreased drinking	Y N ?	Sneezing	Y N ?
Lethargic	Y N ?	Coughing	Y N ?
Inappetance/No appetite	Y N ?	Limping	Y N ?
Straining to pass stool	Y N ?	Straining to pass urine	Y N ?
Vomiting	Y N ?	Diarrhea	Y N ?
When did it start? _____		When did it start? _____	
What was in it? _____		Color/Consistency _____	
How many times? _____		How many times? _____	
When was the last time? _____		When was the last time? _____	

If skin problems, where is the affected area? \_\_\_\_\_

Is your pet scratching, licking or cleaning excessively? \_\_\_\_\_ How long has this be going on? \_\_\_\_\_

Is your pet on flea & tick medication? If so, when what type and when was it last applied/given? \_\_\_\_\_

If there is a bump, lump, growth or other abnormal area that you would like examined, please describe and be precise as possible or show an employee the location.

Is there is any other information you would like the veterinarian to know about your pet's condition? If needed, you may continue writing on the back of this page. \_\_\_\_\_

After the attending veterinarian has examined your pet, we will call you to discuss our findings, including any treatments or additional diagnostics that we deem necessary. We will also provide you with an estimate of any charges exceeding the estimate you were previously given.

**Phone number where we may reach you today** \_\_\_\_\_