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Drop Off Examination Form

Affix Patient Label Here

Date: ______________________________

Time of Drop Off: ____________________

Complaint/Reason for Examination: ________
____
____

When did the problem or symptom(s) start?
____
____

	Normal	Abnormal (please elaborate if needed)
Eating (amounts and frequency)	☐	☐
Food (type)	☐	☐
Drinking	☐	☐
Energy Level	☐	☐
Vomiting	☐	☐
Bowel Movements	☐	☐
Urinary Issues	☐	☐
Lumps or Masses	☐	☐
Skin Issues	☐	☐
Ear(s) Issues (L/R)	☐	☐
Eye(s) Issues (L/R)	☐	☐
Respiration (breathing)	☐	☐
Lameness/Limping	☐	☐
Painful	☐	☐
Other:	☐	☐

Please see over

Members of: College of Veterinarians of British Columbia, Canadian Veterinary Medical Association, American Animal Hospital Association

Has your pet recently boarded, been groomed, or travelled? If so, when? ____________________

____

____

Is your pet presently on medication(s)? If so, what type and frequency? ____________________

____

____

____

Does your pet have any allergies or medical conditions that we should be aware of: ___________

____

____

I am the owner or authorized agent for the owner of this pet and have authority to execute this consent and accept financial responsibility. I fully understand the risks involved and realize that results cannot be guaranteed.

Signature: ____

Name: ____

Contact #'s for today:

____

____

Staff Member Admitting Patient: _________________________________