



Eau Claire

## ANIMAL HOSPITAL

2504 Mall Drive Eau Claire, WI 54701 835-5011

### Drop Off Exam Information Form

Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Phone # to reach you at while your pet is here \_\_\_\_\_

What time do you plan on picking up your pet? \_\_\_\_\_

Reason for visit/examination today \_\_\_\_\_

Type of environment your pet spends the most time in: Indoor Outdoor

Is your pet vomiting? **Yes No** Is your pet having diarrhea? **Yes No** If yes, please describe color, consistency and frequency. \_\_\_\_\_

What type of food are you feeding? (please be specific) \_\_\_\_\_

Have you changed the diet recently? **Yes No** Do you feed table scraps? **Yes No**

Has your pet's appetite: **Increased Decreased Stayed the same**

Has your pet's water consumption: **Increased Decreased Stayed the same**

Has your pet's urination: **Increased Decreased Stayed the same**

How long has your pet had this problem? \_\_\_\_\_ hours days weeks months

Has it been getting worse? **Yes No**

Has this problem been treated elsewhere? **Yes No** If yes, may we request your pet's health records? **Yes No** Name of veterinarian/clinic \_\_\_\_\_

What medications have been given? \_\_\_\_\_

Has your pet eaten today? **Yes No** If yes, when? \_\_\_\_\_

Are there any other problems that your pet has that we should be aware of? \_\_\_\_\_

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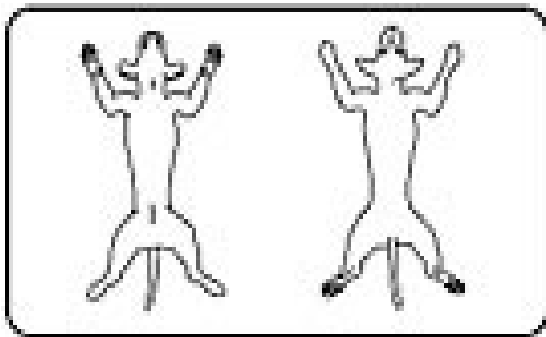
To diagnose and treat many problems, blood work, X-rays or other tests may be necessary. Do you give consent to perform such blood work, X-rays or other tests that the veterinarian feels are necessary to properly diagnose your pet? **Yes No**

Does your pet have skin problems? **Itching Scaling Crusting Redness Hair loss**

If your pet needs a lump or skin lesion checked, please indicate on the diagram where it is located.

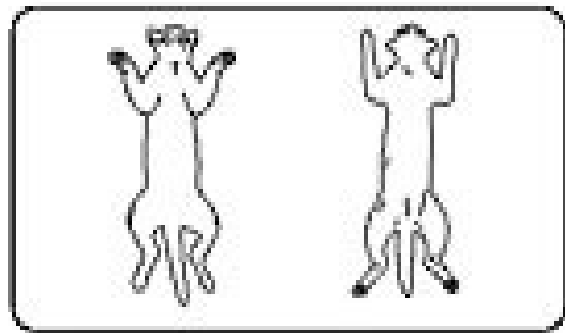
Dog

Cat



**ventral**

**dorsal**



**ventral**

**dorsal**