



## Drop Off Exam

*Thank you for your trust in our care*



Client Name: \_\_\_\_\_ Best Ph.# \_\_\_\_/\_\_\_\_/\_\_\_\_

Patients Name: \_\_\_\_\_

What concerns do you have today regarding your pet? \_\_\_\_\_

\_\_\_\_\_

When did you first notice this issue? \_\_\_\_\_

\_\_\_\_\_

Is your pet primarily indoors or outdoors? \_\_\_\_\_

What diet / brand of food do you feed your pet? \_\_\_\_\_

How is their food & water intake? \_\_\_\_\_

Is your pet receiving any supplements or medicine? \_\_\_\_\_

Has patient been given any medicine within the last 72 hours?    Y / N

If so, What? \_\_\_\_\_

Is your furry family member on Flea & Tick preventative? \_\_\_\_\_

Is your furry family member on any Heartworm control? \_\_\_\_\_

Has there been any coughing, sneezing, vomiting or loose stool?    Y / N

If so, how long? \_\_\_\_\_

Any Additional information the veterinarian should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_