

# Wyllow Pet Hospital



## DROP OFF FORM

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Telephone Number Daytime (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Please describe the reason for today's visit. \_\_\_\_\_  
\_\_\_\_\_

2. Has your pet been vomiting?  No  Yes If yes, describe frequency, duration, and appearance (liquid, food, color)  
\_\_\_\_\_

3. Has your pet had diarrhea?  No  Yes  Unsure If yes, describe frequency and duration. \_\_\_\_\_  
\_\_\_\_\_

4. Is there blood in your pet's stool or urine?  No  Yes  Unsure If yes, describe frequency and duration.  
\_\_\_\_\_

5. If your pet is female and not spayed, when was the last time she was "in heat"? \_\_\_\_\_

6. Is your pet's appetite:  Increased  Decreased  No change  Unsure

7. Is your pet drinking:  Increased  Decreased  No change  Unsure

8. Is your pet urinating:  Increased  Decreased  No change  Unsure

9. Is your pet having difficulty urinating:  No  Yes  Unsure If yes, please describe frequency and duration.  
\_\_\_\_\_

10. Is your pet coughing:  No  Yes  Unsure If yes, please describe frequency and duration.  
\_\_\_\_\_

11. Is your pet sneezing excessively?  No  Yes

12. Does your pet have discharge from the eyes or nose?  No  Yes

13. Has your pet's weight changed significantly in the last 6 months?  Increased  Decreased  Same

14. Has there been a change in your pet's behavior?  No  Yes If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

15. Has your pet been weak or lethargic?  No  Yes If yes, for how long? \_\_\_\_\_

16. Has your pet been itchy?  No  Yes If yes, describe location and duration. \_\_\_\_\_

17. Have you noticed any new lumps or sores on your pet or changes in any lumps previously examined?

No  Yes If yes, please describe. \_\_\_\_\_

18. Is your pet on any medications? (Include Heartgard, Frontline)?  No  Yes If yes, please list drug name(s) and how often is given. \_\_\_\_\_

19. When did your pet last eat a meal? \_\_\_\_\_

20. If your pet is a cat, does your cat go outside?  No  Yes

21. Is there anything else we need to know? (Feel free to write additional comments on reverse side). \_\_\_\_\_  
\_\_\_\_\_