

**Drop Off Examination Form**

Date \_\_\_\_\_

Client's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Breed/Age \_\_\_\_\_

Reason for visit: \_\_\_\_\_

**History**

Yes/No Has your pet ever had a vaccine reaction? If yes, explain: \_\_\_\_\_

Yes/No Any past surgeries? If yes, explain: \_\_\_\_\_

**Medications**

Yes/No Is your pet allergic to any medications? If yes, list: \_\_\_\_\_

Yes/No Do you use heartworm prevention? Date of last heartworm test: \_\_\_\_\_

Yes/No Do you use flea and tick prevention? Brand: \_\_\_\_\_ Last applied \_\_\_\_\_

Please list any current medications your pet is currently using. Note the dosages and last time given:

**Observations**

Yes/No Coughing or sneezing? \_\_\_\_\_

Yes/No Vomiting or diarrhea? \_\_\_\_\_

Yes/No Change in appetite or thirst? \_\_\_\_\_

Yes/No Lumps or bumps observed? \_\_\_\_\_

Yes/No Scratching or licking observed? \_\_\_\_\_

Yes/No Soreness or stiffness after resting or exercise? \_\_\_\_\_

Yes/No Change in outside elimination habits or litter box habits? \_\_\_\_\_

Yes/No Weight gain or loss? \_\_\_\_\_

Yes/No Behavior changes? \_\_\_\_\_

**Diet**

Brand \_\_\_\_\_ Canned/Dry/Both How much? \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_\_ I authorize Queenstown Veterinary Hospital to treat my pet as needed without an estimate of charges.

\_\_\_\_\_ I authorize Queenstown Veterinary Hospital to treat my pet up to \$ \_\_\_\_\_

\_\_\_\_\_ I authorize Queenstown Veterinary Hospital to examine my pet and contact me before proceeding with any treatment. I understand that medically necessary treatment may proceed if I am not able to be contacted at the phone number given on this form.

\_\_\_\_\_  
Client (or authorized party) signature

\_\_\_\_\_  
Phone # where I can be reached today