

## QUESTIONNAIRE FOR DROP-OFF PATIENTS

### SYMPTOMS:

Please check all that exist:

SCRATCHING

LETHARGY

BITING/LICKING:   Where?

VOMITING

GAGGING

COUGHING

SNEEZING

TROUBLE BREATHING

CONSTIPATION

ODOR FROM EARS

ODOR FROM MOUTH

DIARRHEA:

Describe appearance of stool:

CHANGE IN URINATION:

Describe:

CHANGE IN WATER INTAKE:

Describe:

CHANGE IN APPETITE:

Describe:

CHANGE IN PERSONALITY:

Describe:

OTHER:

Describe:

How long have the above symptoms been present?

Just today?

A few days?

One week?

Longer: Please describe:

Thank you for filling out this form. It really helps the Doctor to have this information before examining your pet. The Doctor will need to talk with you after he/she examines your pet, so please provide a phone number where you can be reached today. \_\_\_\_\_