

Pikes Peak
Veterinary
Clinic



Animal Drop-Off Questionnaire

Name:

Pet's Name:

Date:

Describe the problem:

How long has the problem been occurring?

Have you performed any treatment(s) at home? Please describe:

Was there a specific incident that occurred before the problem began?

Has this problem occurred previously? _____ If yes, when? _____ What medications were given to treat?

How is your pet eating/drinking?

When did he/she last eat?

What is his/her normal diet?

Has your pet ingested anything unusual (different treats, got into trash)?

Any vomiting/diarrhea? Y N (circle one)

If yes, how frequent?

When was the last episode?

Describe color/consistency:

Any coughing/sneezing?

If yes, how frequent?

Any discharge?

Describe color/consistency:

Are urination habits normal?

If no, any blood noted?

Any straining?

Signature _____

Phone number where you can be reached for additional questions: _____