



PHYSICAL EXAM DROP OFF INFORMATION

Pet's Name: _____

Date: _____

Please explain what your concern with your pet is & how long has it been going on:

Since it started has it gotten better or worse?

- ☐ No change
- ☐ worsened
- ☐ improved

Has this happened before?

- ☐ never
- ☐ yes, how long ago?: _____

If this has happened before, was it treated? Y N

How? _____

Did your pet respond to treatment? Y N

Is your pet lethargic? (i.e. slow, drowsy) Y N

Has your pet's weight changed? ☐ no ☐ decreased ☐ increased

FOOD/DRINK

What kind of food does your pet eat?

Does your pet eat anything other than pet food? Y N

Water intake has: ☐ not changed ☐ decreased ☐ increased

Food intake has: ☐ not changed ☐ decreased ☐ increased

When was the last time your pet ate?

Do you give your pet any
supplements? _____

GASTROINTESTINAL SYMPTOMS

Is your pet vomiting? Y N If yes, please provide details below:

When did your pet start vomiting?

What colour is it?

What does it consist of?

How many times has your pet vomited in the last 24 hours?

When was the last time your pet vomited?

Are there any changes with your pet's bowel movements? Y N *If yes, please provide details below.*

Does your pet seem constipated? Y N *if yes, when was the last bowel movement?*

Is your pet scooting on his/her bottom? Y N

Describe any other odd symptoms:

Does your pet have diarrhea? Y N *If yes, please provide details below.*

When did you pet start having diarrhea? _____

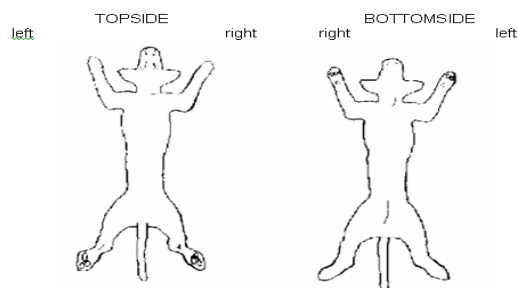
Is there blood? Y N Is there mucus? Y N

How frequently has your pet had diarrhea in the last 24 hours? _____

LAMENESS, INJURY & SKIN ISSUES

Is your pet: ☐ lame? ☐ sore? ☐ injured? ☐ having a skin issue or growth?

Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem: _____



OTHER

Have you noticed any changes in your pet's urination? (i.e. colour, frequency, amount)

Does your pet receive any medication? If so, please specify below:

Does your pet go outdoors? Y N

When was your pet last vaccinated?

CONTACT

I assume financial responsibility for all charges incurred to my pet, and authorize direct payment in full to Anderson Animal Hospital and Wellness Center.

Please leave our veterinarians a phone number you can be reached at today in case they have any further questions regarding your pet's health and care.

_____

Signature _____