

# Drop-off Questionnaire



**GOLDEN VALLEY  
ANIMAL CLINIC**

1200 N. Price Lane • Clinton, MO 64735 • (660)885-7733

Client Name \_\_\_\_\_  Dog  Cat  Male  Female  Spayed/Neutered

Pet Name \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

## Please check the significant problem(s) that your pet is having looked at today.

- Coughing     Sneezing     Lethargic     Urine  
 Itching     Scratching Ears     Head Tilt  
 Nose Discharge     Eye Discharge     Vaccines  
 Shaking Head     Weight Loss     Stool  
 Not Acting Normal     Loss of Appetite  
 Vomiting-if so, # times per day \_\_\_\_\_  
 Limping-if so, which leg?  
     Right Front     Left Front     Right Rear     Left Rear  
 Other \_\_\_\_\_

## How long has your pet been experiencing these problems?

## Please indicate current urine and bowel habits.

- No Change/Normal     Diarrhea  
 Loose stool     Increase Urination\*  
    \*Increase in water consumption?  Yes  No If yes, how long ago did the water intake increase?  
    \_\_\_\_\_  
 Decrease/Stop of Urination  
 Other \_\_\_\_\_

## Where does your pet spend MOST of their time?

- Inside (NEVER outside)     Inside & Outside  
 Outside (NEVER in the house)

## Is your pet currently on any medication?

- Yes     No

If yes, please list the medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Is your pet currently on any heartworm and/or flea/tick prevention?

- Yes     No

If yes, what medication and last date of administration?

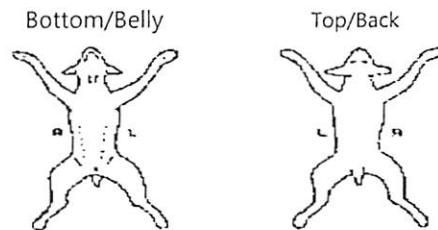
\_\_\_\_\_

## Current feeding habits

- Dry Food Brand? \_\_\_\_\_  
 Wet Food Brand? \_\_\_\_\_  
 Table Scraps What Kind? \_\_\_\_\_  
 Treats Brand? \_\_\_\_\_  
Recent change to food?  Yes  No If yes, what changes have occurred?  
\_\_\_\_\_

## Lumps/Bumps/Growths and Lacerations

Please use the diagram below to mark the location of the lump/growth or cut that needs attention.



## DIAGNOSING

In some cases, further testing is needed in order to diagnose your pets' condition. Do you authorize further testing? Including but not limited to x-rays, bloodwork, etc.

- YES, proceed with anything that the doctor feels is necessary.  
 NO, please contact me once a general exam is conducted to discuss further tests.

## PHONE NUMBER, SIGN, & DISCLAIMER

It is extremely important that the doctor is able to contact you today when needed. If they are unable to it may result in postponement of treatment. Please list the phone numbers where you will be able to be reached.

Any additional comments/questions for the doctor?

\*\*\*Drop-off exams are offered for your convenience. Your pet will be examined when the doctors schedule allows (critical patients will be examined first). A guaranteed pick-up time **CANNOT** be offered. You will be notified when your pet is ready for pick-up. We look forward to providing the best health care possible for your pet.

Print \_\_\_\_\_ Sign \_\_\_\_\_