



Preventative & Wellness Care
 Internal Medicine & Orthopedics
 Radiology & Diagnostics
 Nutritional Counseling
 Low Level Cold Light Laser Therapy

Dentistry
 Surgery
 Ultrasonography
 Chemotherapy
 Grooming

Patient Drop Off Form

Please take a few moments to fill out this brief information form so that our doctors can better evaluate your pet.

Pet's Name/Owner's Name: Client Name:

Reason for today's visit:

Telephone number(s) for today: Date:

Please elaborate on any symptoms below that your pet is exhibiting.

Symptom	Please Check One	How Often?	First Noticed & Duration of Symptoms
Appetite	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Water Intake	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Urination	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Straining to pass stool or urine	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Coughing	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Sneezing	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Vomiting	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Diarrhea	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Shaking head/scratching at it	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
New lumps, growths, scabs etc.	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Lethargy	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Limping	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		
Other	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		

Do you give your pet monthly heartworm preventions? If so, have you missed any doses?

Which product do you use?

Do you keep your pet on monthly flea & tick prevention? If so, when was the last application?

Which product do you use?

What is your pet's diet (type, brand, daily amount)?

Is your pet on any medications (please list names and doses)?

Please elaborate on symptoms or list other details that the doctor should know.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the Veterinarians of Clint Moore Animal Hospital, & their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signature: Date:

Print Name: