

Clay-Chalkville Animal Clinic Drop Off Questionnaire

Date: _____

Client # _____

Your name: _____

Pet's name: _____ Species: _____

Breed: _____ Color: _____ Sex _____ Age _____

Phone number where you can be reached: (____) _____ - _____

What is the primary problem? _____

What are the symptoms? _____

How long has this problem been going on? _____

Is the problem getting better, worse or remaining the same? _____

Is your pet on any medication? If yes, please list medication(s) _____

Does your pet have any known allergies? _____

Are there any other problems we should be aware of? _____

____ I authorize the veterinarian to examine my pet. Please call me at the number listed above to discuss diagnostic testing and treatment.

____ I authorize diagnostic tests not to exceed \$ _____ as recommended by the veterinarian without telephoning me. Diagnostic tests may include laboratory test and/or radiographs (x-rays).

Owner Signature

Office Staff