

Elkwood Animal Hospital
22080 James Madison Hwy * Elwood , Va 22718
540-825-1777

We are pleased to offer you the convenience of dropping your pet off for health services. In order to assist the doctor in the examination of your pet, we ask that you fill out this questionnaire as completely as possible.

Client's Name _____ Pet's Name _____

Problem(s) to be addressed today

How long has the problem been present? _____
Has the problem changed? No change Somewhat better Worse
Has your pet had this problem before? No/Yes When? _____ Treatment? _____
Have you given your pet any treatment or medication for the current problem(s)? _____

Appetite: Normal Increased Decreased How long? _____
Drinking: Normal Increased Decreased How long? _____
Sneezing? No/Yes Discharge? Rubbing Nose? Etc. _____
Coughing? No/Yes How often? _____ Worse in AM or PM? Worse with exercise? No/Yes
Vomiting? No/Yes How often? _____ Contains food? No/Yes Contains hair? No/Yes
Contains bile (yellow)? No/Yes Other description _____
Diarrhea? No/Yes Semi-formed liquid blood Other description _____
Hair Loss? No/Yes Biting/licking? No/Yes What body parts _____

Current Food _____
Current Medications, Supplements, Vitamins, etc. _____

Additional comments:

It is imperative that we have a phone number at which to reach you during the day. If this is not possible, you must schedule a time for you to call the doctor for an update.

Today's daytime phone number _____

Diagnostics/Treatment

- I authorize all necessary diagnostics and treatments for my pet.
- I authorize diagnostics up to \$ _____
I authorize treatments up to \$ _____
- I prefer to be called with an estimate of necessary diagnostics and treatments.

Preferred time you are able to pick up your pet: _____

NOTE: Please call prior to coming to pick up your pet to be sure s/he will be ready.

SIGNATURE _____ DATE _____