Client Drop-off History Report

Client ID: _____ Patient: _____ Date: _____

Vomiting/Diarrhea History (Subjective):					
Yes	No	**Vomiting**	Yes	No	**Diarrhea**
		How often is your pet vomiting?__			How often is your pet having diarrhea?__
☐	☐	Are there large volumes of vomiting?	☐	☐	Is there blood in the stool?
☐	☐	Are there pieces of whole food in the vomit?	☐	☐	Is there mucus in the stool?
☐	☐	Exposure to any chemicals?	☐	☐	Current on vaccinations (ex. Leptospirosis)?
☐	☐	Any missing toys?	☐	☐	Any recurrent minor illnesses?
☐	☐	Noticed any blood in vomit?	☐	☐	Recent injuries, abscesses, cat fights, etc.?
☐	☐	Eating Changes? ☐ Increased ☐ Decreased	☐	☐	Cachexia?
Additional notes:					

Orthopedic History (Subjective):	
Is your pet painful? Yes ☐ No ☐ If yes, add pain score:	When was the problem first noted?
Does your pet have difficulty with the following? *Check all that apply* ☐ walking ☐ running ☐ climbing ☐ jumping ☐ other __	
Any known injury, previous trauma or surgery? ☐ No ☐ Yes __	Which leg(s) are affected? ☐ RF ☐ LF ☐ RR ☐ LR
How often does your pet exercise regularly?	Is your pet on any medications, vitamins or supplements? ☐ Yes ☐ No
Additional Notes:	

Urinary History (Subjective):					
Yes	No		Yes	No	
☐	☐	Normal mental Status?	☐	☐	Exposure to any chemicals?
☐	☐	Changes in drinking patterns?	☐	☐	Current on vaccinations including Leptospirosis?
☐	☐	Frequent Urination? How long has this been going on? days	☐	☐	Any recurrent minor illnesses?
		How much water does your pet drink daily?			
☐	☐	Any past history of urinary problems?	☐	☐	Recent injuries, abscesses, cat fights, etc.?
☐	☐	Any wet spots where pet has been laying?	☐	☐	Cachexia?
☐	☐	Vomiting or Diarrhea?	☐	☐	Recurrent Minor Illnesses
☐	☐	Any blood in urine?	☐	☐	Changes in eating? ☐ Increased ☐ Decreased
Additional notes:					

Dermatology History (Subjective):	
Does your pet itch/lick/chew/bite itself? Yes ☐ No ☐	When was the problem first noted?
Where does your pet itch? Check all that apply. ☐ Face ☐ Ears ☐ Under arms ☐ Abdomen ☐ Front Feet/Legs ☐ Back feet/Leg ☐ Lower back ☐ All over	How bad is the itching? Scale 1 to 10 ☐ Mild ☐ Moderate ☐ Severe ☐ Constant ☐ Periodic
Where did the problem begin?	Is the problem seasonal?
Does your pet have hairloss? Yes ☐ No ☐	What do you feed your pet?
Outdoor pet? Yes ☐ No ☐ Any other Pets in the house? Yes ☐ No ☐	
Additional Notes:	

Opthalmology History (Subjective):					
What eye is affected? ☐ Right ☐ Left ☐ Both					
Yes	No		Yes	No	
☐	☐	Is your pet squinting?	☐	☐	Outdoor pet? Any other pets in the house?
☐	☐	Is there any discharge from the eye(s)?	☐	☐	Vomiting/Diarrhea?
☐	☐	How long has this been going on?	☐	☐	Any recent illness?
☐	☐	Any past issues with the eyes?	☐	☐	Exposure to any chemicals (including shampoo)?
☐	☐	Eating Changes? ☐ Increased ☐ Decreased	Additional Notes:		