

Hidden Oaks Animal Hospital

725 East Lake Road North
Tarpon Springs, FL 34688
(727) 942-3616

MEDICAL DROP OFF QUESTIONNAIRE

Date Completed:

Client ID:

Client Name:

Address:

Telephone:

Staff Member:

Patient ID:

Name:

Species

Breed:

Sex:

Color:

Markings:

Birth Date:

What phone number(s) can we reach you at today?

What is the reason for your pet's medical visit?

How long has this been going on?

Has this happened before or is this the first time? How many times/ when?

Is the problem getting better, worse, or staying about the same?

Please list current medications or supplements (incl. HWP, herbs, etc.):

What do you feed your pet? (incl. brand names, treats, people food, etc.):

Has your pet eaten anything it is not accustomed to eating?

Is your pet on HWP/ flea and tick prevention each month?

Does your pet shake its head or scratch its ears?

Does your pet chew or lick its feet or legs?

Does your pet chew or lick its hindquarters or tail?

Any coughing or sneezing/ vomiting or diarrhea?

If there is diarrhea, is it bloody, mucousy, watery, frequent or urgent?

Is your pet drinking or urinating more than it used to?

Any change in appetite?

Any change in attitude (more alert, sluggish, etc)?

Are there any other pets in the family similarly affected?

Are there any humans in the family similarly affected?

Is there anything else you would like us to know?

We will formulate a preliminary and diagnostic treatment plan. If we find that, after examination and initial diagnostics are performed, that this plan needs to be modified significantly, we will call you before proceeding. Please allow time at pickup (at least 15 minutes) to go over the findings with the doctor.

Client Signature _____

Staff Member _____