

**Escatawpa Animal Clinic
Drop – off Questionnaire**

Reason for visit today :

Current medications:

Last time pet ate or drank: _____ Current Diet:

Vaccination History:

Appetite: Normal () Increase () Decrease () Not eating ()

Water Intake: Normal () Increase () Decrease () Not drinking ()

Urination: Normal () Increase () Decrease () Not urinating ()

Defecation: Normal () Increase () Decrease () Not defecating ()

Vomiting: Yes () No () How long? _____

Diarrhea: Yes () No () How long? _____

Weakness: Yes () No () How long? _____

Limping: Yes () No () Which leg? _____ How long?

Coughing: Yes () No () How long? _____

Sneezing: Yes () No () How long? _____

Scratching: Yes () No () How long? _____

Shaking head: Yes () No () How long? _____

Weight: Normal () Gain () Loss ()

List any other problems or concerns:

After examination by the doctor, may we proceed with tests and / or treatment?

Yes () No () Call first with estimate ()

I am the owner/agent for the above animal. I assume full financial responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid in full at the time of release and a deposit may be required for certain procedures.

Signature: _____ **Date:**

Phone number: _____