

Lago Vista Animal Clinic
Drop Off Questionnaire

Owner Name: _____
Pet Name: _____ Age: _____ Species: _____ Sex: _____

Best phone number to reach you today: _____ **Okay to text?** Yes No

Reason for today's visit: _____

Has your pet had any of the following:			If yes, explain (frequency, duration, etc):
Change in appetite	Yes	No	_____
Change in drinking	Yes	No	_____
Diarrhea	Yes	No	_____
Vomiting	Yes	No	_____
Coughing	Yes	No	_____
Sneezing	Yes	No	_____
Change in urination	Yes	No	_____
Change in activity level	Yes	No	_____
Back or leg pain	Yes	No	_____
History of seizures	Yes	No	_____
Allergies	Yes	No	_____
Cats only:			
Does your pet go outside?	Yes	No	_____

What diet does your pet eat? (Please list the brand, volume, and frequency)

Is your pet currently on any medications or supplements? (Including heartworm and flea prevention)
If so, what and when were the last doses given?

PLEASE INITIAL ONLY ONE CHOICE:
<input type="checkbox"/> I authorize the veterinarian to examine my pet. PLEASE CALL BEFORE any diagnostic testing and treatment. _____ (initial)
<input type="checkbox"/> I authorize diagnostic tests and/or treatment NOT TO EXCEED \$500.00 as recommended by the veterinarian without telephoning me, including laboratory tests and radiographs _____ (initial)
<input type="checkbox"/> I authorize ANY diagnostic tests and/or treatment recommended by the veterinarian without telephoning me, including laboratory tests and radiographs. _____ (initial)

In the unlikely event of an emergency, would you like us to perform CPR on your pet?
(initial) _____ **YES**, I authorize CPR or other procedures necessary for the wellbeing of my pet.
(initial) _____ **NO**, I decline any emergency treatment if complications develop.

Signature: _____ Date: _____