

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	_____
Allergies to food/medications	Yes	No	_____

Cats only:

Does your pet go outside? Yes No _____

Any other questions or concerns for the doctor? _____

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?

Do you need refills of any medications? If so, please list the name and quantity needed:

Would you like an estimate prior to services being performed? (initial one) **Yes** _____ **No** _____

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: _____