



Fort Wayne Pet Hospital
Drop Off Exam Form

Date: _____

Print Name: _____ Best contact Telephone #: _____

Pet Name: _____ Age: _____ Male: _____ Female: _____ Neutered: _____

Briefly describe the reason for your pets visit today:

Is this a recurring issue with your pet? [] YES [] NO

How long has this issue been going on? _____

Do you ok Bloodwork and/or x-rays if needed [] YES [] NO (Bloodwork: Dogs \$185 Cats \$197 X-Rays: \$160)

Pet's Diet: _____ How much do you feed?: _____

Treats or Table scraps: _____ When was the last time they ate?: _____

Please Answer the following questions:

Has your pet been coughing? [] YES [] NO If yes, for how long? _____

Has your pet been sneezing? [] YES [] NO If yes, for how long? _____

Has your pet been vomiting? [] YES [] NO If yes, for how long? _____

Has your pet had diarrhea? [] YES [] NO If yes, for how long? _____

Has your pet had any appetite changes? [] YES [] NO If yes, for how long? _____

Has your pet had any changes in thirst? [] YES [] NO If yes, for how long? _____

Has your pet had any changes in urination? [] YES [] NO If yes, for how long? _____

Has your pet had any changes in activity level? [] YES [] NO If yes, for how long? _____

Is your pet currently on any heartworm prevention? [] YES [] NO If yes, what kind? _____

Is your pet currently on any flea or tick prevention? [] YES [] NO If yes, what kind? _____

Is your pet on any other medication or supplements? If so, please tell us the name and dose:

Does your pet have any known vaccine reactions? [] YES [] NO If yes, what kind? _____

Does your pet have any known allergies: Food, environmental or medication? [] YES [] NO If yes, what kind?

Do you have any other questions or concerns about your pet that you would like addressed today?

Owners Signature: _____