



# Wags 2 Whiskers

Veterinary Hospital



## Patient Illness Information (For Drop-Offs)

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Reason for today's drop off:

\_\_\_\_\_

Other concerns today:

\_\_\_\_\_

Has appetite and water consumption been normal? YES NO  
If no, please explain:

\_\_\_\_\_

Time of last meal: \_\_\_\_\_

Have you noticed diarrhea? YES NO

How often? \_\_\_\_\_ How many days? \_\_\_\_\_

Has your pet been vomiting? YES NO

How often? \_\_\_\_\_ How many days? \_\_\_\_\_

Have you noticed weight loss or weight gain with your pet?

YES NO Weight Gain or Weight Loss

Is your pet currently on any medications? \_\_\_\_\_

If yes, please give name and time last administered:

\_\_\_\_\_

**The veterinarian will perform a thorough physical exam as soon as the schedule allows. For the benefit of your pet's health, it is important to start treatment as soon as possible. If recommended, what procedures do you authorize?**

\_\_\_\_ Bloodwork

\_\_\_\_ Radiographs

\_\_\_\_ Urinalysis

**If you would like to be called prior to treatments or diagnostics being performed, please initial here.** \_\_\_\_\_

Phone where you can be reached today \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Authorized Agent