

Exam Form

Fill this out before your pet's exam!

Owner's Name: _____ Pet's Name: _____

The best phone number to contact me the day of my pet's appointment: (____)-____-_____

If Driftwood is not your regular veterinarian, who is your regular veterinarian? _____

What is the current problem with your pet? _____

How long has this been going on? _____

On a scale of 0 to 10, how would you rate your pet's pain? _____

How has your pet been eating? (circle one) *Normal* *Increased* *Decreased*

What kind of food and how much? _____

How has your pet been drinking? (circle one) *Normal* *Increased* *Decreased*

Has there been any vomiting or diarrhea? *Yes* *No* If so, for how long? _____

Have you noticed any blood or other discoloration? _____

How would you characterize your pet's urination? (circle one)

Normal *Increased* *Decreased* *Painful* *Straining* *Not Urinating*

Is your pet on any medications? *Yes* *No* If so, what kind and what dosage? (please list) _____

Does your pet have any chronic health issues? _____

Has your pet gotten into anything abnormal recently (Garbage, dead animal, over-the-counter or prescription medications, rat/mouse poison, antifreeze, chocolate, grapes, raisins, onions, garlic, etc.)? _____

If so, how much was eaten and how long ago? _____

Due to budgetary constraints, please consult me before going over this price point? \$ _____

In the case you cannot be reached by phone, how would you like us to proceed in the case of a life-threatening emergency situation?

___ Please DO NOTHING until I am reached.

___ Please PERFORM LIFE-SAVING procedures but nothing else until I am reached.

___ Please USE PROFESSIONAL JUDGMENT and proceed accordingly.

Signature of Pet Owner: _____ Date: _____

