

# Greenfield Animal Hospital Drop-Off Sheet

PLEASE NOTE: Payment is expected as service is rendered.

Owner's name \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Pet's name \_\_\_\_\_ Species \_\_\_\_\_

**Pet is here for: Grooming Bathing Well Exam/Vaccines Sickness/Injury Surgery Other**  
(circle as many as apply)

If your pet is here for vaccines which ones? \_\_\_\_\_

If pet is sick or injured please describe \_\_\_\_\_

How long has your pet experienced this condition? \_\_\_\_\_ Has this condition occurred in the past? Yes/No

If yes how was it treated? \_\_\_\_\_

Has your pet been receiving any medication? Yes/No If so, what and how often? \_\_\_\_\_

Do we have your permission to perform blood work if necessary? Yes/No

Do we have permission to take x-rays and sedate your pet if necessary? Yes/No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## General Information

Your pet's appetite is: normal/ excessive/ poor/ absent What is your pet fed? \_\_\_\_\_

Your pet's water consumption is: the same/ increased/ decreased

Your pet's energy level is: the same/ increased/ decreased

Has your pet been coughing/ sneezing? Yes/ No

Has your pet been exposed to any other animals? Yes/ No If yes, what? \_\_\_\_\_

## Gastrointestinal System

Is your pet vomiting? Yes/ No If yes, hoe often? \_\_\_\_\_ Last vomited? \_\_\_\_\_

What is being vomited? Food/ Water/ Bile? Hairballs? Other Last Meal? \_\_\_\_\_

Your pet's bowel movements are: Normal/ Hard? Soft/ Diarrhea? Bloody? Unsure

Last BM \_\_\_\_\_ Frequency \_\_\_\_\_ Voluntary/ Involuntary?

Could your pet have eaten something other than its food? Yes/ No If so, what? \_\_\_\_\_

## Urinary System

Is your pet straining to urinate? Yes/ No Is your pet urinating frequently? Yes/ No

Does your pet have bloody urine? Yes/ No Does your pet urinate while sleeping? Yes/ No

Last urinated \_\_\_\_\_

## Skin

Is your pet itchy? Yes/ No Is the skin red? Yes/ No Is the skin oozing? Yes/ No

Is there a lump? Yes/ No If yes, is the lump getting Larger/ Smaller/ staying the same?

## Muscular and Skeletal System

In which leg(s) is your pet lame? \_\_\_\_\_

Has the lameness gotten Worse/ Better/ Stayed the same since it began?

Has your pet been licking or biting a specific area of the leg? Yes/ No If yes where? \_\_\_\_\_

Please give us a brief history of the event(s) that may have caused this, if known: