

# Pet Drop-Off Questionnaire



Please fill out this form first. Then you can save it as a PDF to your computer and/or print it off. Email a copy to **staff@brooksidevets.com** or print it and bring it to your appointment. We will review it and collect your signature when your pet arrives.

Your Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Call  Text Email: \_\_\_\_\_

Briefly describe reason for visit today: \_\_\_\_\_

Reason for visit or what are your concerns (check all that apply):

Appetite (increase/decrease/absent)

Weight Loss

Vomiting

Describe vomitus:

Undigested food

Bile, foam liquid

Duration? \_\_\_\_\_

How many times each day? \_\_\_\_\_

Has your pet ingested something?

Diarrhea

Describe diarrhea:

Watery  Blood present

Semi-formed  Projectile

Mucous present  Difficulty defecating

Duration? \_\_\_\_\_

Runny/watery eyes  Coughing

Sneezing

Itching/Scratching/Licking  Shaking Head

Scooting

Urination issues

Straining to urinate  Accidents in house

Increased frequency  Blood in urine

Lameness (indicate where)

Pain (indicate where)

Bad breath

Seizures

Skin mass/lesions (indicate where)

L R

Dorsal (back)

R L

Ventral (belly)

How long has this issue been going on? \_\_\_\_\_

Pet's Diet (indicate brand): \_\_\_\_\_  
*Food* *Treats*

When did your pet last eat? \_\_\_\_\_ When did your pet last drink? \_\_\_\_\_

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

Other notes/comments: \_\_\_\_\_