

**DROP-OFF EXAM**

**VOMITING/DIARRHEA**

OWNER \_\_\_\_\_

PET \_\_\_\_\_

DATE \_\_\_\_\_

PROBLEM: \_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE ABNORMAL STOOL OR VOMITUS: \_\_\_\_\_

HOW OFTEN IS IT OCCURRING? \_\_\_\_\_

HOW LONG HAS PET HAD PROBLEM? \_\_\_\_\_

IS THIS THE FIRST TIME OR IS IT RECURRENT? \_\_\_\_\_

WHAT IS YOUR PET'S REGULAR DIET? \_\_\_\_\_

ARE THERE ANY OTHER FOODS GIVEN REGULARLY? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

HAS YOUR PET EATEN ANYTHING UNUSUAL IN THE LAST 2-3 DAYS? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

\_\_\_\_\_

IS YOUR PET ON ANY SUPPLEMENTS? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

WHEN WAS IT LAST GIVEN? \_\_\_\_\_

HAVE ANY MEDICATIONS BEEN GIVEN? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

WHEN WAS IT LAST GIVEN? \_\_\_\_\_

WHAT WAS YOUR PET'S RESPONSE TO THE MEDICATION(S)? \_\_\_\_\_

\_\_\_\_\_

HAS PET CHEWED OR SWALLOWED ANY FOREIGN SUBSTANCES (GRASS, ROCKS, TOYS)? \_\_\_\_\_

\_\_\_\_\_

HAS PET EXPERIENCED ANY CHANGES IN LIFESTYLE (MOVING, VISITORS)? \_\_\_\_\_

\_\_\_\_\_

FREQUENTLY WITH GASTROINTESTINAL PROBLEMS, DIAGNOSTIC TESTS SUCH AS BLOOD PROFILES OR RADIOGRAPHS ARE NEED TO ARRIVE AT A DIAGNOSIS. IF YOU WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS OR TREATMENTS ARE PERFORMED PLEASE BE AVAILABLE FOR A PHONE CALL, SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT.

\_\_\_\_\_ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT.

\_\_\_\_\_ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS AND TREATMENT.

\_\_\_\_\_ I AUTHORIZE UP TO \$\_\_\_\_\_, BUT ABOVE THAT, I WANT A CALL FIRST.

SIGNATURE \_\_\_\_\_ PHONE NUMBER TO REACH YOU TODAY \_\_\_\_\_