

Mendakota Animal Hospital
Drop Off Questionnaire

Date _____ Owner's Name _____

Telephone # Today _____ Pet's Name _____

Species _____ Breed _____ Sex _____ Weight _____ Age _____

What is the primary problem		
What are the symptoms		
When did you first notice the problem?		
Is this the first time your pet has had this problem?	Yes/No	<i>If NO list estimated dates of other occurrences</i>
How long did it last?		
Did a veterinarian treat the problem or did it go away		
Is the problem getting better, worse or remaining the same?		<i>Explain</i>
Is your pet on any medications? (include heatworm prevention or flea control products)	Yes/No	<i>If YES list medications</i>
Is your pet allergic to any medications?	Yes/No	<i>If YES list medications</i>
Are there any other problems we should be aware of today?	Yes/No	<i>If yes, list problems</i>

- I authorize the veterinarian to examine my pet. Call me at _____ to discuss diagnostic testing and, treatment _____ (*initials*)

- I authorize **diagnostic tests and or treatment** as recommended by the veterinarian without telephoning me. _____ (*initials*)

Signature _____ Date _____