

Georgetown Veterinary Hospital – Patient Drop-Off Form

Patient Name: _____ **Date:** _____

Symptoms:

What symptoms have you seen?

How long have these symptoms been seen?

Please comment on the following, or write N/A if normal:

Drinking: More than normal? Less than normal?

Appetite: More than normal? Less than normal? Has your animal eaten today?

Urination: More frequent? Less frequent? Unusual appearance? Pain or straining to urinate?

Vomiting: How much? How often? Appearance?

Stool: More frequent? Less frequent? Unusual appearance or diarrhea? Pain or straining to defecate?

Coughing or Sneezing: How often? Any discharge?

Breathing: Panting? Labored?

Lameness: Which leg? Getting better or worse? Do you know of any recent trauma?

Toxins/Trash: Is there rat or insect poison in your home? Is there anything else your animal may have gotten into?

Medications: Is your animal currently on any medication or treatment?

I give permission to complete diagnostic testing and to begin treatment: Yes / No / Call First

Signature: _____ **Phone*:** _____

*Please leave a phone number where you can be quickly and easily reached in case of emergency