

Pet Drop-Off Questionnaire

Brookside
VETERINARY HOSPITAL



Cedar Heights
PET CLINIC

Please fill out this form first, then you can download and print it. 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: _____