

**Alta Rancho Pet & Bird Hospital
Drop Off Examination Information**

Last Name: _____ **First:** _____ **Pet:** _____
Breed: _____ **Sex:** _____ **Age:** _____
Phone number where you can be reached TODAY: _____ **Best Time:** _____
 Alternate phone number and/or Person to contact: _____ **Contact:** _____
 Would you like the doctor to give you an estimate of charges before performing any work on your pet?
 Yes- Please call me before doing anything No- Do what must be done and call me later
 No- Do what must be done up to \$ _____ No- Call only if the estimate exceeds this.

PET HEALTH INFORMATION:

Reason for Examination: _____

How long have the symptoms been present? _____
 Has the problem been getting worse, better or not changing? _____

Has your pet recently exhibited any of the following signs? (please check the box and explain below)

- Vomiting Diarrhea Coughing Sneezing Difficulty Breathing Weakness
 Seizures Weight Change Scratching Hair Loss Lameness Change in Thirst or Urine

Are any other pets in the house ill? No other pets No, other pets O.K. Yes (explain)

Is your pet currently taking any medication? (please specify drug name, amount and frequency)?

When was your pet last vaccinated against the following diseases?

Dogs: _____ DHLP _____ Parvovirus _____ Coronavirus _____ Bordetella _____ Rabies
 Cats: _____ FVRCP _____ Pneumonitis _____ Leukemia _____ Rabies

- If it is medically appropriate, would you like us to vaccinate your pet today? Yes No
 Has your pet had a stool examination for parasites within the last 12 months? Yes No
 If not, would you like us to perform one today? Yes No
 Has your dog been tested for heartworm disease within the past 12 months? Yes No
 If not, would you like us to perform the test today? Yes No
 Has your cat ever been tested for Feline A.I.D.S and/or Feline Leukemia Virus? Yes No
 If not, would you like us to perform the test today? Yes No
 Does your pet have a microchip identification implant? Yes No
 If so, please note the ID number: _____ If not, would you like one implanted today? Yes No
 When was the last time your pet had his/her teeth cleaned? _____
 Would you like the Doctor to give you an estimate for a dental cleaning procedure? Yes No

Thank you for taking the time to fill in this valuable information. We will be in contact with you as soon as the doctor has examined your pet.

THANK YOU FOR ENTRUSTING YOUR PET'S HEALTH CARE TO US!