



			Call at:	
Client#		Owner	Pet	Date

**DROP-OFF EXAM SHEET**

In order to assist the Doctor in making the best diagnosis, please provide us with the following information.

**REASON FOR EXAM:**

---



---

**IF THERE IS A MEDICAL PROBLEM-HOW LONG HAVE YOU NOTICED THIS PROBLEM?**

---

**LIST ANY MEDICATIONS YOU ARE CURRENTLY GIVING:**

---

**APPETITE: INCREASED ( ) NORMAL ( ) POOR ( ) NOT EATING ( )**

**What do you feed your cat?**

---

**Any recent changes in diet?**

---

**DRINKING HABITS: NORMAL ( ) INCREASED ( ) INFREQUENT ( )**

**VOMITING: YES ( ) NO ( )**

**HOW FREQUENTLY AND FOR HOW LONG?**

---

**Consistency and color of vomit?**

---

**BOWEL MOVEMENTS: NORMAL ( ) PASTY ( ) WATERY ( ) BLOOD ( )**

**CONSTIPATED ( ) HOW MANY PER DAY? \_\_\_\_\_**

**URINATION: NORMAL ( ) FREQUENT ( ) STRAINING ( ) BLOOD ( ) EXCESSIVE ( )**

**NORMAL AMOUNT ( ) SMALL AMOUNT ( )**

**GENERAL ATTITUDE: NORMAL ( ) DEPRESSED ( ) CRYING ( ) AGGRESSIVE ( )**

**DISCHARGE? EYES ( ) EARS ( ) NOSE ( ) SHEATH (MALE)/VULVA ( )**

**COUGHING ( ) GAGGING ( ) SNEEZING ( ) DROOLING ( )**

**Please perform exam & all necessary diagnostics as discussed ( )**

**I would like to be notified first, if additional diagnostics are OVER \$300( )**

**I would like to be notified first, if additional diagnostics are OVER \$600( )**

**Signature: \_\_\_\_\_ Phone#: \_\_\_\_\_**