

## West Chester Veterinary Care

Drop-off examination questionnaire for: \_\_\_\_\_

date: \_\_\_\_\_

Is your pet healthy today? *\*\*circle as appropriate*

Yes	No
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What pet insurance do you carry? \_\_\_\_\_

How many hours per day does your pet spend outside? \_\_\_\_\_

**Office use only**  
 Patient #:  
 weight:  
 age/sex:

Please list **ALL** medications your pet takes, including **preventatives**, supplements, and herbal remedies \_\_\_\_\_

Has there been an increase or decrease in your pet's appetite?

Increase	Decrease	No
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What diet do you feed your pet? How much do you offer? How frequently? \_\_\_\_\_

FASTED?

Has there been an increase or decrease in your pet's water consumption?

Increase	Decrease	No
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Is your pet vomiting?

Yes	No
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If yes, when did it start?

How frequently?

What is being vomited?

Does your pet have diarrhea?

Yes	No
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If yes, when did it start? What color is it? Is there blood?

Are there any urinary problems or changes in urinary habits?

Yes	No
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If yes, please tell us more.

Have you found any new lumps, masses, or bumps on your pet?

Yes	No
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Is your pet limping or seems stiff?

Yes	No
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If yes, are you aware of any possible accidents?

Is your pet exhibiting any changes in behavior that could indicate problems?

Yes	No
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If yes, please tell us more.

Would you like your pet's ears cleaned, nails trimmed, or anal glands expressed today?

Ears	Nails	Glands
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Please let us know what else we can do for you today.

\*WCVC reserves the right to use my pet's image for advertising and social media.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above and have the authority to execute this consent for examination:

Name:

Contact phone number(s):