



Morena Pet Hospital

1540 Morena Blvd. • San Diego, CA 92110 • 619.275.0888

Drop-off Exam Questionnaire

Owner's Name _____ Pet's Name _____ Date: _____

1. Please check all problems that apply to your pet:

- | | |
|--|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Eye Discharge |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Nose Discharge |
| <input type="checkbox"/> Itchy Skin | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Scratching at Ears |
| <input type="checkbox"/> Losing Weight | <input type="checkbox"/> Having Seizures ___times per Day/Week/Month |
| <input type="checkbox"/> Vomiting ___ times a day | <input type="checkbox"/> Difficulty defecating |
| <input type="checkbox"/> Limping-right___ left___ front___ rear___ | |
| <input type="checkbox"/> Inappropriate Urination | |
| <input type="checkbox"/> Other _____ | |

2. How long has your pet displayed these problems? _____

3. Check all the boxes that best describe your pet's appetite and drinking habits:

- | | |
|--|---|
| <input type="checkbox"/> No change in water intake | <input type="checkbox"/> No change in appetite |
| <input type="checkbox"/> Drinking more | <input type="checkbox"/> Eating more |
| <input type="checkbox"/> Drinking less | <input type="checkbox"/> Eating less |
| <input type="checkbox"/> Not drinking at all | <input type="checkbox"/> Not eating at all |
| <input type="checkbox"/> Seems thirsty, but reluctant to drink | <input type="checkbox"/> Seems hungry, but reluctant to eat |

4. Check the boxes that best describe your pet's urine output and bowel movements:

- | | |
|--|---|
| <input type="checkbox"/> No change in urine output | <input type="checkbox"/> Formed stool |
| <input type="checkbox"/> Increased urine output | <input type="checkbox"/> Semi-formed stool |
| <input type="checkbox"/> Decreased urine output | <input type="checkbox"/> Watery stool |
| <input type="checkbox"/> Blood present in urine | <input type="checkbox"/> Blood present in stool |

5. What are you currently feeding your pet?

- Dry Food-which brand? _____ Amount? _____ Frequency? _____
- Canned Food- which brand? _____
- Treats _____ People Food _____

6. Have you recently changed your pet's diet? Yes/No

If yes, what were you previously feeding? _____

7. If your pet has lumps, bumps, cuts, or sores that you wish to have us look at, please note the area(s) on the diagram below:



Your pet's belly

your pet's back

8. Where does your pet spend his/her time?

- Only indoor (never outside)
- Mainly indoor
- Mainly outdoor
- Equal time indoor/outdoor

9. If your pet's vaccines are not up to date, do you want them brought up to date today if the doctor feels your animal is healthy enough? **Yes/No**

10. Is your pet currently receiving a monthly flea, intestinal parasite and heartworm preventative?

Yes/No Please specify: _____

11. Is your pet receiving any other medications? Please list all medications and the daily doses you are administering. _____

12. Does your pet have any allergies to medications? **Yes/No** Please list:

13. Please list any other comments or questions you would like to be relayed to the doctor.

Thank you for helping us better serve you. Your pet will be examined as soon as possible, in between scheduled appointments and/or surgery. (Any critical patients will be examined immediately).

Please indicate below your preference regarding treatment options and costs (**Check One**):

____ Please perform any necessary diagnostics and treatments indicated for the care of my pet until someone may be reached, up to \$_____ amount.

____ Do not administer any treatments until specific authorization is given

****Note:**

If we are unable to reach you in the event of an emergency regarding your pet's health, be advised that whatever measures are deemed necessary will be taken to ensure your pet's health. You will be responsible for charges incurred within these measures.

I consent to admit my pet to Morena pet Hospital and authorize the doctors and staff to perform procedures that are considered necessary by the attending doctor. I hereby certify that I have read and fully understand the preceding consent form. I agree to financial responsibility and understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Please call to receive an update of your pet and to arrange a pick up time. Discharges are typically between 4-6 pm.

Please list a phone number where you can be reached today: _____

In the event that we are unable to reach you, please list an alternate contact person and phone number who will be able to authorize treatment recommendations: _____

Signature of owner or authorized agent: _____ **Date** _____