"we have warm hearts for cold noses"

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:
   - □Coughing
   - □Sneezing
   - □Itchy Skin
   - □Lethargic
   - □Losing Weight
   - □Vomiting _____ times a day
   - □Inappropriate Urination
   - □Limping-right___ left___ front___ rear___
   - □Eye Discharge
   - □Nose Discharge
   - □Shaking Head
   - □Scratching at Ears
   - □Having Seizures ____times per Day/Week/Month
   - □Difficulty defecating
   - □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:
   - □No change in water intake
   - □Drinking more
   - □Drinking less
   - □Not drinking at all
   - □Seems thirsty, but reluctant to drink
   - □No change in appetite
   - □Eating more
   - □Eating less
   - □Not eating at all
   - □Seems hungry, but reluctant to eat

4. Check the boxes that best describe your pet's urine output and bowel movements:
   - □No change in urine output
   - □Increased urine output
   - □Decreased urine output
   - □Blood present in urine
   - □Formed stool
   - □Semi-formed stool
   - □Watery stool
   - □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. What time did your pet last have something to eat? _____

8. 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

9. Where does your pet spend his/her time?
   - □Only indoor (never outside)
   - □Mainly indoor
   - □Mainly outdoor
   - □Equal time indoor/outdoor

10. 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**

11. Is your pet currently receiving a monthly flea, intestinal parasite and heartworm preventative? **Yes/No** Please specify: _____

12. Is your pet receiving any other medications? Please list all medications and the daily doses you are administering. Were medications given today? What time?

    _____
    _____
    _____

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

    _____
    _____

14. Your pet will be examined as soon as possible, in between scheduled appointments and/or surgery. (Any critical patients will be examined immediately). Please list any other comments or questions you would like to be relayed to the doctor.

    _____
    _____

All pets that are flea laden will be given a flea treatment. This is an additional cost of $11.00 - $21.00 and is done in order to minimize fleas in our hospital. Please Initial: _____

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.

I understand that from time-to-time Morena Pet Hospital may produce still photographs and/or educational video recordings for marketing purposes. I hereby authorize Morena Pet Hospital to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of me and my pet's participation for any and all purposes, without compensation **Please Initial _____**

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