



## Medical Drop-Off

Date : \_\_\_\_\_

In order to provide your pet with the best possible medical care and evaluation in your absence please take a few minutes to fill out this medical history questionnaire.

Owner/Pet: \_\_\_\_\_

Tel.# Today: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Brief description of the problem:

When did the problem begin?

Have you noticed any other recent abnormalities?

Is your pet on medication? What? \_\_\_\_\_ When?: \_\_\_\_\_ Today? \_\_\_\_\_

At what time did your pet last eat and how much? \_\_\_\_\_

<b>Outdoor activity</b>	Yes	No	Where/When?		
<b>Trouble Breathing</b>	Yes	No			
<b>Appetite</b>	Normal	None			
<b>Vomiting</b>	Yes	No	How often?		
<b>Diarrhea</b>	Yes	No	How often?	Describe feces	
<b>Coughing</b>	Yes	No	Daily pattern?		
<b>Sneezing</b>	Yes	No	Nasal discharge?		
<b>Limping</b>	Yes	No	Which leg?	How long?	When?
<b>Thirst</b>	More	Less	Unsure		
<b>Urination</b>	More	Less	Straining	Blood	

I am the owner or appointed agent for the above pet and accept full financial responsibility for any work undertaken by Tribeca Veterinary Wellness.

Signature: \_\_\_\_\_

*Your pet will be ready to go home with you today. Please call our nurses for a status update before we close for the day. (M 8am 5pm - T 8am 5pm - W 8am 2pm - T 2pm 7pm - F 8am 5pm - S 8am 2pm )*