

Santa Monica Pet Medical Center
Drop Off Sheet

Date:

Your Name:

Pet's Name

You're leaving your pet with us and we need to know all about them! Please read through the following questions, and answer any that may apply to your pet today.

Why is your pet here today? ANESTHETIC PROCEDURE BOARDING SICK PET LAB WORK

My pet is lethargic: YES NO

My pet's appetite is: NORMAL POOR EXCESSIVE
Any recent diet change? _____

My pet's water intake is: NORMAL POOR EXCESSIVE

My pet's urination: NORMAL STRAINING MORE FREQUENT

My pet's stool: NORMAL WATERY/SOFT CONSTIPATED DIARRHEA

Vomiting NONE YES IF YES, WHAT COLOR _____

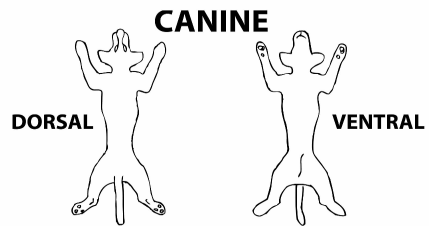
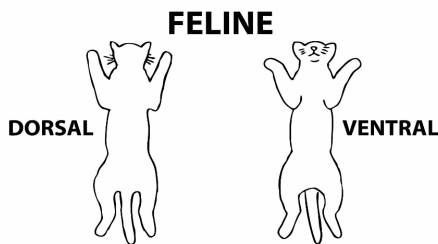
Skin NORMAL ITCHY HOT SPOTS LUMPS/WARTS

Eyes NORMAL RUNNY GOOPY SQUINTY

Ears NORMAL SMELLY HAIRY

If your pet is sick, what happened and when did it start? _____.

Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem.



SURGICAL PROCEDURES

When was the last time your pet ate? _____

Was it a full meal? _____

When was the last time they had water? _____

When was the last time they urinated/defecated? _____

BLOOD TESTS

DIABETICS

When did you give insulin last? _____

What type did you give? _____

How much did you give? _____

Do you need a refill today? _____

CUSHING'S DISEASE (ACTH Stimulation & Low Dose Dexamethasone Suppression Tests)

What time was the last time your pet ate? _____

LIVER DISEASE (Bile Acids)

Your pet has not eaten in the past 12 hours

YES

NO

PLEASE LIST ANY ADDITIONAL PROBLEMS:

LIST ALL MEDICATIONS OR SUPPLEMENTS YOUR PET IS RECEIVING, WHAT IS DOSAGE AND WHAT TIME THEY WERE GIVEN?.

IS THERE ANYTHING ELSE YOU WISH THE DOCTOR TO KNOW?

*Please note that your pet will not be ready to go before 6:00p.m. unless otherwise advised by a doctor.
A staff member or doctor will call later to tell you what time you can expect your pet to be ready.*

Signature

Date: _____

Phone: _____ Alt. Phone: _____