**Drop-off Questionnaire**  Date: Click here to enter text.

Pet’s Name: Click here to enter text. Owner’s Name: Click here to enter text. Phone number: Click here to enter text.

Reason for appointment: Click here to enter text.

Current medications: Click here to enter text.

Heartworm preventive: Click here to enter text. Flea/Tick preventive: Click here to enter text.

 Do you need refills of anything? [ ]  Yes, please specify: Click here to enter text.

Type of food: Click here to enter text. Amount fed per day: Click here to enter text.

Appetite [ ]  Decreased [ ]  Normal [ ]  Increased

Thirst [ ]  Decreased [ ]  Normal [ ]  Increased

Activity level [ ]  Decreased [ ]  Normal [ ]  Increased

Urination/Defecation [ ]  Decreased [ ]  Normal [ ]  Increased

Please explain any concerns/changes: Click here to enter text.

Any of the following in the past 3 months? How often?

Vomiting [ ] No [ ] Yes: Click here to enter text.

Diarrhea [ ] No [ ] Yes: Click here to enter text.

Coughing [ ] No [ ] Yes: Click here to enter text.

Sneezing [ ] No [ ] Yes: Click here to enter text.

Limping [ ] No [ ] Yes: Click here to enter text.

Behavioral Changes [ ] No [ ] Yes: Click here to enter text.

Do you have any questions for the doctor? Click here to enter text.

### Please email completed form to: frontdesk@countrysideveterinary.com