PATIENT DROP OFF FORM

Hillside Animal Hospital
W5706 Hwy 33 State Road
La Crosse, WI 54601
(608) 788-3425

Please take a few moments to fill out this brief form so that our doctors can better evaluate your pet. Thank You!

Pet's Name:_____ **Client Name:** _____

Reason for today's visit:

Telephone Number(s) for today:

Please elaborate on any symptoms below that your pet is exhibiting.

Symptom	Please check one			Comments:
Appetite	☐ Normal	☐ Increased	☐ Decreased	
Water Intake	☐ Normal	☐ Increased	☐ Decreased	
Urination	☐ Normal	☐ Increased	☐ Decreased	
Straining to pass stool or urine	☐ Yes	☐ No		
Vomiting/Diarrhea	☐ Yes	☐ No		
Coughing	☐ Yes	☐ No		
Sneezing	☐ Yes	☐ No		
Shaking head/scratching at ears	☐ Yes	☐ No		
New lumps,bumps,scabs, sores	☐ Yes	☐ No		
Lethargic	☐ Yes	☐ No		
Limping	☐ Yes	☐ No		
Other	☐ Yes	☐ No		

Do you give your pet monthly heartworm prevention? ☐ Yes ☐ No

Which product do you use?

Do you keep your pet on monthly flea and tick prevention? ☐ Yes ☐ No

Which product do you use?

Technician Initials:

What is your pet's diet (type, brand, daily amount)?

Is your pet on any other medications (please list names and doses)?

Please elaborate on symptoms or list other details that the doctor should know about your pet.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

The veterinarian will perform a physical exam based on the above information. If needed for diagnosis, I grant permission for additional diagnostics which may include sedation, x-rays, ultrasound, or bloodwork: ☐ Yes ☐ No

Signature

Date: