Silverlake Animal Hospital Patient Drop Off From

Date: _____ Best way to reach you today: _____

Would you like us to call or email you with a treatment plan? Yes / No Call ☐ Email ☐

Client Name (Last) _____ (First) _____

Patient Name _____ Date _____

Reason for Visit: _____

Primary Phone Number: _____

Email Address: _____

Current on vaccines per Silverlake Animal Hospital standards? ☐ Current ☐ Needs to be updated today

Had vaccines been done elsewhere? If so, Where? _____ **We must have copies of current vaccines for a patient to be dropped off or we will have to vaccinate your pet according to our hospital standards.**

Microchipping - 1 in 3 family pets will get lost in their lifetime. Of those lost only 20% make it back home. We can microchip your pet today - helping your pet find it's way home:

☐ Yes ☐ No ☐ Already Chipped

Does your pet seem to be painful in any way? ☐ No ☐ Yes __ /10 Explain:_____

Appetite normal?	**YES ☐ NO ☐**	**Vomiting?**	**YES ☐ NO ☐**	**Shaking head?**	**YES ☐ NO ☐**
Drinking normal?	**YES ☐ NO ☐**	**Diarrhea?**	**YES ☐ NO ☐**	**Itchy skin?**	**YES ☐ NO ☐**
Urination normal?	**YES ☐ NO ☐**	**Lethargy?**	**YES ☐ NO ☐**	**Coughing?**	**YES ☐ NO ☐**
Defecation normal?	**YES ☐ NO ☐**	**Lameness?**	**YES ☐ NO ☐**	**Sneezing?**	**YES ☐ NO ☐**
Teeth Healthy?	**YES ☐ NO ☐**	**Bad breath?**	**YES ☐ NO ☐**	**Discuss dental?**	**YES ☐ NO ☐**

General Questions

Heartworm Medications *and/or* other Prescription Medications? If Yes Please list all medications:

_____

_____

_____

Other Non-prescription Medications your pet is currently taking? (tylenol, ibuprofen, aspirin) ☐ No ☐ Yes, if yes please list all medications: _____

Any medications your pet took this morning? ☐ No ☐ Yes, What and what time? _____

Special Diet? ☐ No ☐ Yes, _____

Fed this morning? ☐ No ☐ Yes

Have you changed your pet's food recently? ☐ No ☐ Yes _____

Vomiting/Diarrhea/Lethargy Specific Questions

Does your pet appear to have normal energy? Bright, Alert, Responsive? ☐ No ☐ Yes

Does your pet have access to small toys, strings, trash, toxins, rat poison, pesticides, Sago Palm? ☐ No ☐ Yes, _____

Any other pets in the household sick? ☐ No ☐ Yes, _____

Any exposure to other pets? (grooming, boarding, park, lost, shelter) ☐ No ☐ Yes, _____

Last time your pet has eaten? _____ Normal amount ☐ Decreased ☐ Increased ☐

If **Vomiting (active wretching),** when? _____ __ How much? _____ Color?_____

Undigested Food? _____Bile? _____

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If **Diarrhea**, when? _____How much? _____Color? _____Mucus/Frank blood? _____

Urinary Specific Questions

Increased Frequency?	Yes ☐ No ☐	Increased Volume?	Yes ☐ No ☐	Straining?	Yes ☐ No ☐
Accidents in House?	Yes ☐ No ☐	Leaking?	Yes ☐ No ☐	Blood?	Yes ☐ No ☐
Marking?	Yes ☐ No ☐	History of Stones?	Yes ☐ No ☐	Vertical Surface?	Yes ☐ No ☐
		Previous Surgery?	Yes ☐ No ☐	Horizontal Surface?	Yes ☐ No ☐

Lameness Specific Questions

Lameness in Front ☐ Rear ☐ R ☐ L ☐ Severity? Mild ☐ Moderate ☐ Severe ☐

Duration of lameness? __	Result of accident?	Yes ☐ No ☐	Appeared suddenly? Yes ☐ No ☐
Worse in morning? Yes ☐ No ☐	Better with exercise?	Yes ☐ No ☐	Intermittent? Yes ☐ No ☐

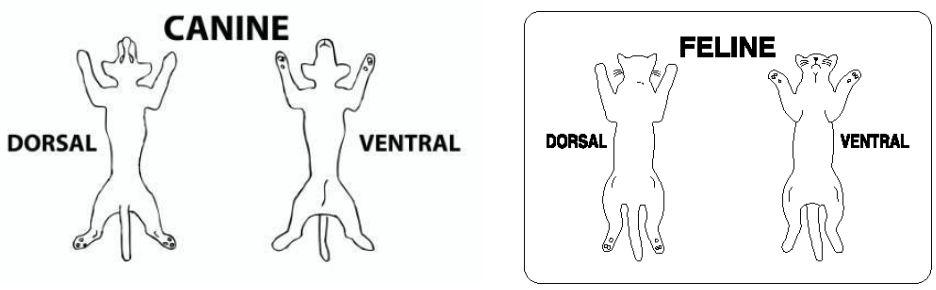
Difficulty walking, circling, head tilt, dragging feet, collapse? _____

Sudden collapse? Yes ☐ No ☐

Dermatology Specific Questions

Are these symptoms seasonal? No ☐ Yes ☐ _____
Have you tried a food trial? No ☐ Yes ☐ How long, what food?_____
Did you exclude other treats, food? _____
Is the pet on flea control? No ☐ Yes ☐ _____
How long have symptoms been present? _____
Scale of 1-10, 10 being worst and can't stop scratching? _____
Has your pet been treated for this condition before? No ☐ Yes ☐ _____

****MARK AREAS of tumors or skin lesions ****



Ophthalmology Specific Questions

Has your pet been treated for this condition before? Or seen by an ophthalmologist? No ☐ Yes ☐ _____
Are these symptoms seasonal? No ☐ Yes ☐ _____
How long have symptoms been present? _____
Does your pet seem uncomfortable (eyes blinking, tearing, pawing at face)? No ☐ Yes ☐ _____
Has your pet been bathed or groomed recently? No ☐ Yes ☐ _____
Has your pet ever taken eye medications before? If so for what condition? No ☐ Yes ☐
_____