

## PET DROP OFF INFORMATION

I am the owner (or owner's agent) of \_\_\_\_\_.

**CONTACT NUMBER:** \_\_\_\_\_

Has your pet been seen by us before? yes [\_\_] no [\_\_]

What would you like us to do for your pet today?

Exam by veterinarian

Other service (please specify) \_\_\_\_\_

### VACCINES

Rabies

Canine Distemper

Feline Distemper

Feline Leukemia

Lyme

Bordetella (Kennel Cough)

### BLOODWORK

CBC / Chemistry / Blood Smear

Thyroid Panel

Phenobarbital Level Check

Snap 4Dx (dogs)

Snap Combo (cats)

Would you like us to:

Treat your pet after examination

Call you with the findings of the examination and an estimate of treatment cost prior to treating your pet?

Why are you bringing in your pet today?

Describe the problem(s) your pet is having:

What part of their body is bothering them:

When did you first notice the problem:

This problem has:

- Never happened before
- Recently happened
- Is a chronic problem

What would you like the doctor caring for your pet to be aware of?

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Drinking habits?

- Unchanged
- Drinking more than usual
- Drinking less than usual
- Not drinking at all

Eating habits?

- Unchanged
- Eating more than usual
- Eating less than usual
- Not eating at all

Bowel movements?

- Unchanged
- Softer than usual
- Liquid / Diarrhea
- None / Constipated
- Unsure / Haven't seen

Attitude?

- Normal / Unchanged
- Hyper / Anxious
- Depressed / Drowsy

Has your pet been vomiting? If so, please indicate below:

What colour:

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What substance (contents):

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When was the last vomiting episode?

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When was your pet's last meal:

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What did they eat?

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**NEEPAWA**  
**VETERINARY CLINIC**  
LTD

135 Main Street West Neepawa, MB  
Phone (204) 476-2222  
Fax (204) 476-2228  
Email: info@neepawavet.ca

Has your pet had access to foods other than their usual diet?

No

Yes, please indicate:

Is your pet:

Lame / limping

Sore

Has been injured

Has your pet received any medication or supplements in the last 24 hours? If so, list them below

Name of Medication:	Amount Given:	What time was it given?

Is your pet sensitive / allergic to any medications, supplements or food? If so, list them below:

Medication / Supplement:	Food:

Please note:

If we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to instigating any treatments.

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

In admitting my pet(s) for diagnostics or treatment, I authorize the veterinarians of Neepawa Veterinary Clinic and their support staff, to administer such treatment and/or perform diagnostic or surgical procedures as deemed necessary.

Signature:

Date: