VETERINARY DROP OFF EXAM FORM

A note from YOUR pet: Snug Pet Resort & Animal Hospital requires a fecal every 6 months to keep us protected while in their care. PLEASE, PLEASE, don't forget to bring in my stool sample in the morning if my fecal has expired within 6 months. If you don't take it in for me, the veterinary staff will have to take one from me. I would prefer that this be done the "natural" way. Thank you!

| Owners Name:_ | Pets Name: | | | | | | | | |
|--------------------|-----------------|-------------|---------------------------------------|---------------|-------------------------------|--|--|--|--|
| Age: | _ Male F | emale | Neut | ered Male | Spayed Female | | | | |
| Briefly describe | the reason yo | our pets vi | isit today | ' : | | | | | |
| | | | | | | | | | |
| Is this a recurrir | ng issue with y | our pet? | | | | | | | |
| How long has th | nis issue been | going on i | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Pet's Diet (brand | d of food): | | | | | | | | |
| How much do y | | | | | | | | | |
| When is the last | t time you fed | your pet | ? | | | | | | |
| Please answer t | he following o | questions: | This info | ormation is v | very important for the doctor | | | | |
| to make an accu | ırate assessm | ents. | | | | | | | |
| Has your pet be | en coughing? | Yes | No | If yes, How l | ong? | | | | |
| Has your pet be | en sneezing? | Yes | No | If yes, How I | ong? | | | | |
| Has your pet be | en vomiting? | Yes | No | If yes, How I | ong? | | | | |
| Has your pet red | cently had dia | rrhea? Ye | s N | o 'If yes, | , How long? | | | | |
| How has your p | et's appetite I | been? Inc | reased | Decreased | d Normal If yes, How long? | | | | |
| How has your p | et's thirst bee | n? Increa | sed [| Decreased | Normal If yes, How long? | | | | |
| How is your pet | 's urination? | Increased | Dec | reased I | Normal If yes, How long? | | | | |
| | | | | | | | | | |

| How is your pet's defecation? Increased | Decreased | Norma | l If yes, | , How long? | |
|--|-----------------|-------------|-------------------------|-------------------|--|
| How is your pet's activity level? Increased | Decreased | Norm | ormal If yes, How long? | | |
| Is your pet currently on any flea prevention | n? Yes No | If so, | what kir | nd? | |
| Is your pet currently on any heartworm pre | evention? Yes | No | If so, | what kind? | |
| Is your pet on any other form of medication name and dose: | n or supplemen | its? If so, | please | tell us the | |
| Any known vaccine reactions in the past? | ? Yes No | 0 | If so, w | hat kind? | |
| Any known allergies? Food, environment | al, medication? | ? Yes | No | If so, what kind? | |
| Do you have any other questions or conc | erns you would | d like add | dressed | today? | |
| What is the the best phone number for y | ou today? | | | | |
| Signature of owner: | | | | | |
| Date: | | | | | |

Please bring this with you when you drop off your pet or to save time you can email it to us at: frontdesk@snugpetresort.com