American Animal Care Center Drop Off Form

Last Name: _____ Pet Name: _____

Date: _____ ID: _____

	Yes	No
Please help us help your pet by providing us with as much detailed information as possible		
Do you have pet health insurance?	[ ]	[ ]
Have you seen your pet passing worms?	[ ]	[ ]
Has your pet had any illness in the last year?	[ ]	[ ]
Has your pet had any surgery in the past year?	[ ]	[ ]
Has your pet ever had a seizure?	[ ]	[ ]
Does your pet get table scraps?	[ ]	[ ]
Did your pet eat in the last 4 hours?	[ ]	[ ]
Does your pet ever strain to urinate?	[ ]	[ ]
Has there been any recent vomiting?	[ ]	[ ]
Has your pet been coughing?	[ ]	[ ]
Has your pet been sneezing?	[ ]	[ ]
Has your pet been gagging?	[ ]	[ ]
Any listlessness?	[ ]	[ ]
Any weakness?	[ ]	[ ]
Any lameness? Circle leg: LF LR RF RR	[ ]	[ ]
Shaking of the head?	[ ]	[ ]
Scratching? Where?	[ ]	[ ]
Significant hair loss?	[ ]	[ ]
Scooting?	[ ]	[ ]
Lumps or bumps?	[ ]	[ ]
Bad breath?	[ ]	[ ]
Unusual discharge?	[ ]	[ ]
Diarrhea?	[ ]	[ ]
Constipation?	[ ]	[ ]
Stiffness?	[ ]	[ ]
Behavior changes?	[ ]	[ ]
We will call you with an update and let you know when your pet is ready to go. Phone Number: _____		

	Normal?	Increased?	Decreased?
Drinking?	[ ]	[ ]	[ ]
Appetite?	[ ]	[ ]	[ ]
Urination?	[ ]	[ ]	[ ]
Defecation?	[ ]	[ ]	[ ]
Weight?	[ ]	[ ]	[ ]

Reason For Visit Today

_____

_____

_____

Has your pet been examined elsewhere for the same condition?

Yes No

If yes, where?

_____

What medication is your pet now taking?

_____

_____

_____

Is your pet allergic to any food or medication?

Yes No

If yes, please describe

_____

_____

_____

Costs

[ ] Please call me with an estimate before you do anything.

[ ] I authorize treatment up to (check one)

- [ ] $100
- [ ] $200
- [ ] $300
- [ ] $400

Notes to Doctor & Staff