

**BARTOW ANIMAL CLINIC  
DROP-OFF QUESTIONNAIRE**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone number you may be reached at today: \_\_\_\_\_

What is the problem? \_\_\_\_\_  
\_\_\_\_\_

How long has it been happening? \_\_\_\_\_

Please answer the following questions as completely as possible:

Is your pet...?

Inactive? Yes or No

Eating? Yes or No \_\_\_\_\_

Drinking more/less water than usual? More \_\_\_\_ Less \_\_\_\_ Normal \_\_\_\_

Tiring easily? Yes \_\_\_\_ No \_\_\_\_

Does your pet show any of the following symptoms? Please circle all that apply.

Coughing	Sneezing	Vomiting	Diarrhea
Lameness	Abnormal gait	Itching	Pain
Swelling	Weight gain	Weight loss	

Have there been any discharges (mucous, blood, pus) from any of the following? Please circle all that apply.

Nose	Mouth	Anus	Mammary	Eyes	Ears
Vulva	Penis	Open wound			

Other: Please specify: \_\_\_\_\_

Is your pet indoor, outdoor, or both?

Do you OK bloodwork and/or X-RAYS if needed? Yes or No X \_\_\_\_\_

Please circle/list all medications he/she is currently taking, including heartworm/flea preventative:

Frontline	Heartguard	Advantage	Advantix	Advantage Multi
Interceptor	Sentinel	Revolution	Iverhart	

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

Describe the pet's diet, including table scraps, treats, etc. \_\_\_\_\_  
\_\_\_\_\_

Please list any prior health problems and/or surgeries: \_\_\_\_\_

**\*ALL PETS: If external parasites are found (fleas and ticks) pets will be treated at owner's expense.**

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