

WATEREE ANIMAL HOSPITAL

"Caring Hearts & Caring Hands"

500 YORK ST.
CAMDEN, SC 29020
(803) 432-9084

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Elgin, SC 20045
(803) 438-7667

Drop-off Form

Client Name: _____ Patient Name: _____
Address: _____ Breed: _____
_____ Sex: _____ (spayed/neutered)
Telephone: _____ Age: _____
Please check one: My pet stays Inside 100% Inside mostly Outside mostly Outside 100%
Are you a client? Y N Have we seen this pet before? Y N

Drop off date: _____ Number where you can be reached today _____
If you have not heard from us by 11:00 a.m., please call us to check on the condition of your pet and arrange a pick-up time.

WELL-VISIT Please check services requested today. ***If your pet is sick, please go to next page.***

- _____ Annual wellness examination/physical exam
_____ Wellness Blood Screening – This test tells us how the internal organs are functioning and includes a complete blood count. This helps us detect problems early, which is important in treatment. We recommend this test every other year until 7 years of age and yearly thereafter. When done with the heartworm test, this lab test is half its normal price. A great value with lots of valuable information!!

Individual Vaccinations:

- _____ Canine Distemper/Hepatitis/Parainfluenza/Parvo
_____ Lyme Disease
_____ Kennel cough
_____ Parvo
_____ Rabies (circle 1-year 3-year)
_____ Feline Distemper/Rhinotracheitis/Calici virus
_____ Feline Leukemia vaccine
_____ Feline AIDS vaccine
_____ Other vaccine _____
_____ Other _____

Individual Tests/Services:

- _____ Physical exam
_____ Test for worms
_____ Deworm if needed
_____ Feline Leukemia test
_____ Feline AIDS test
_____ Heartworm test
_____ Nail trim
_____ Anal glands expressed
_____ Flush ears/pluck hair
_____ Bath

Have you seen any worms in the stool? Y N If yes, please describe _____

Date of last vaccines _____ Type of vaccine given _____

Is your pet currently taking any medications? Y N Please list the name, dosage, and frequency _____

Is your pet on heartworm prevention? Y N Type of prevention _____

Do you give the heartworm prevention year-round? Y N

OTHER VISIT

REQUESTED PROCEDURE (if applicable): _____

HISTORY/CLINICAL SIGNS: Please fill out information to help us identify the problem.

Appetite Please check: Normal Will not eat at all Eats poorly Will eat only table food
How long has this problem been going on? _____
Any change in diet in the last 3 – 4 days? _____

Vomitting What is coming up? Food Mucus Bile Clear Liquid
When did you first notice this problem? _____
Is your pet still eating? Y N Frequency of vomiting _____
How long after eating is your pet vomiting? _____

Diarrhea What consistency is the diarrhea? Soft Watery
Is your pet straining? Y N What is the frequency of the diarrhea? _____
What is the color of the diarrhea? Bloody Dark Normal

Listless How long has this been a problem? _____
Is there any reluctance to go up or down steps? Y N Will he/she jump on furniture? Y N
Do you think that your pet has any pain when moving? Y N

Weakness Do you think your pet has any pain getting up or laying down? Y N

Coughing How long has this problem been going on? _____
What is the frequency of the coughing? _____ During exercise? Y N
When he/she pulls on the collar? Y N Is it a dry, hacking cough? Y N
Is it coughing anything up? Phlegm Mucus Clear fluid
Does your pet seem to feel badly or just cough? _____
Can your pet lay down and be comfortable? _____
Do you suspect your pet has trouble breathing? _____

Sneezing How long has this problem been going on? _____
Is there any nasal discharge (clear or mucus) _____
Does your pet chew his/her feet or lick his/her paws _____
Does your pet rub his/her face on the floor? _____

Scratching How long has this problem been going on? _____
Do you think this problem is worse during certain seasons? _____
Has your pet had any history of allergies? Y N Have you found any fleas? Y N
What type of flea control do you use? _____
How often do you apply this flea control? _____
Where on the body is the scratching worst? Feet Ears Elbows Other _____
Any head shaking? Y N Ear odor or discharge? Y N Face rubbing? Y N
Have you been using the medication to help relieve the itching? Y N
If yes, please describe type, amount, and frequency _____
Do you have any other pets? Y N Are they scratching? Y N
Other helpful information _____

Limping How long has this problem been going on? _____
When are symptoms worst (when he first gets up/after exercise)? _____
Which leg(s) is effected? _____
How often does it occur (occasionally, most of the time)? _____

Scooting How long has this problem been going on? _____
Has your pet had a previous problem with impacted anal glands? Y N

Other Problem Please describe the symptoms and frequency of the problem _____

Please give us any additional information that you think may help us in diagnosing and treating your pet, such as any previous medical problems or current medications. _____

If you have not heard from us by 11:00 a.m., we encourage you to call our office to check on your pet.

If surgery or a dental procedure is to be performed, a Procedure Consent form will be required. This can be downloaded on-line and e-mailed to us, if convenient for you, at <contact@watereeanimalhospital.com>.

We will try our best to have this information ready for you to sign when you arrive. We hope this will make better use of your time and be more convenient for you.