



# Nueces Veterinary Hospital

11027 Leopard Street Corpus Christi, TX 78410

## DROP OFF MEDICAL EXAM QUESTIONNAIRE

DATE: CLIENT ID: TELEPHONE #TODAY: \_\_\_\_\_

OWNER'S NAME: PET'S NAME:

SPECIES: BREED: COLOR: WEIGHT:

AGE: GENDER

IS YOUR PET:

- |                              |                         |                         |
|------------------------------|-------------------------|-------------------------|
| _____ EATING NORMALLY        | _____ NOT EATING        | _____ EATING RAVENOUSLY |
| _____ BREATHING DIFFICULTIES | _____ GAGGING           | _____ COUGHING          |
| _____ DIARRHEA               | _____ DIARRHEA W/BLOOD  | _____ BM STRAINING      |
| _____ LETHARGIC              | _____ SEIZURES          | _____ VOMITING          |
| _____ STRAINING TO URINATE   | _____ URINATING W/BLOOD | _____ SCOOTING          |
| _____ SHAKING HEAD           | _____ WEIGHT LOSS       | _____ WEIGHT GAIN       |

PLEASE LIST SPECIFIC SYMPTOMS OR DETAILS YOU WANT DOCTOR TO KNOW:

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WHEN DID YOU FIRST NOTICE THE PROBLEM? (LIST DATE OR # OF DAYS SINCE PROBLEM BEGAN)

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IS THIS THE FIRST TIME YOUR PET HAS HAD THIS PROBLEM? Yes  No

IS YOUR PET ON ANY MEDICATION? Yes  No   
(INCLUDE HEARTWORM / FLEA PREVENTATIVE)

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IS YOUR PET ALLERGIC TO ANYTHING? Yes  No   
(PLEASE LIST)

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I AUTHORIZE THE DR. TO SPEND UP TO \$ \_\_\_\_\_ (BASIC DIAGNOSTIC BLOOD TEST COST \$99.00) IN DIAGNOSTICS PRIOR TO CONTACTING ME.

IF WE CANNOT REACH YOU, DO YOU WANT US TO PROCEED WITH TREATMENT? \_\_\_ YES \_\_\_ NO

I AGREE THAT I AM THE OWNER OF THIS PET AND ALLOW THE DOCTOR(S) AT NUECES VETERINARY HOSPITAL TO TREAT MY PET. FURTHERMORE, I AGREE TO PAY FOR ALL CHARGES THAT ARE INCURRED AND I UNDERSTAND FULL PAYMENT IS REQUIRED AT DISCHARGE.

CLIENT/AUTHORIZED AGENT SIGNATURE: \_\_\_\_\_