

# Jester Plaza Veterinary Clinic



Drop Off Questionnaire

713-869-0202

Jesterplazavet@gmail.com



Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Dog Cat Male Female Spayed/Neutered Color \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

**Please check the significant problems that apply to your pet prioritize by number:**

Coughing \_\_\_\_\_

Itching Skin \_\_\_\_\_

Lethargic \_\_\_\_\_

Losing Weight \_\_\_\_\_

Vomiting \_\_\_\_\_ Times Per Daay \_\_\_\_\_

Limping: Front Rear Left Right

Difficulty Defecating \_\_\_\_\_

Eye Discharge \_\_\_\_\_

Nose Discharge \_\_\_\_\_

Shaking Head \_\_\_\_\_

Scratching Ears \_\_\_\_\_

Has Seizures \_\_\_\_\_ Times per : Day Week Month

**How long has your pet displayed these problems** \_\_\_\_\_

**Describe your pets appetite and drinking habits:** \_\_\_\_\_

**Describe your pet's urine and bowel habit:**

No Change Increased Urine Increased Stool Formed Stool

Semi-formed Stool Watery Stool

**What are you currently feeding your pet:** \_\_\_\_\_ **Canned or Dry**

**List any Lumps or bumps you would like checked** \_\_\_\_\_

**Where does your pet spend their time:**

Indoor Only Mainly indoor Mainly outdoor Indoor/outdoor

**Is your pet currently receiving a monthly heartworm and flea preventative? YES NO**

**If yes what kind and what day of the month?**  
\_\_\_\_\_

**In order to diagnose your pet's condition, your pet may require blood tests, x-rays and/or other diagnostic testing. Do you authorize tests if the doctor feels they are warranted**

**YES proceed with any doctor recommended diagnostic testing**

**Please contact me prior to performing any diagnostic testing**

**Would you like to be contacted with an estimate prior to any treatment? YES NO**

**It is very important that the doctor is able to contact you if they have any questions regarding your pet. If the doctor is unable to reach you it may result in a postponement of treatment. Please list all phone numbers where you can be reached today:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Drop off exams are offered for you convenience. Your pet will be examined when the doctor's schedule allows (critical patients will be examined immediately). Pick up times cannot be guaranteed, but we will try our best to accommodate your schedule. Thank you for allowing us to care for your pet today!

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

