



**Oakhurst Veterinary Hospital**  
**40799 Highway 41**  
**Oakhurst, CA 93644**  
**(559) 683-2135**

## **DROP OFF QUESTIONNAIRE**

Date \_\_\_\_\_

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

1. What is the primary problem?  
\_\_\_\_\_  
\_\_\_\_\_
  2. What are the symptoms?  
\_\_\_\_\_  
\_\_\_\_\_
  3. When did you first notice the problem? \_\_\_\_\_
  4. Is this the first time your pet has had this or a similar problem?  Yes  No If yes list the dates of other occurrences \_\_\_\_\_
  5. How long did the previous occurrence(s) last? \_\_\_\_\_
  6. Did a veterinarian treat the problem, or did it go away without treatment? \_\_\_\_\_
  7. Is the problem getting  Better  Worse  About the same
  8. Is your pet on any medications? (Include heartworm prevention and/or flea products)  
 Yes  No If yes, list medications \_\_\_\_\_
  9. Is your pet allergic to any medications?  Yes  No If yes list meds \_\_\_\_\_
  10. Are there any other problems we should be aware of?  Yes  No  
List problems \_\_\_\_\_
- I authorize the veterinarian to examine my pet. Call me at \_\_\_\_\_ to discuss any diagnostic tests or treatments.**
- I authorize diagnostic test and/or treatments not to exceed \$ \_\_\_\_\_ as recommended by the veterinarian without contacting me first.**

**All Pets dropped off for exam will incur a day boarding charge of \$18.30 per day.**

Signature \_\_\_\_\_ Date \_\_\_\_\_