



www.MyWestgateAnimalHospital.com
2135 N. Clairemont Ave, Eau Claire, WI 54703
Phone (715) 834-7538 Fax (715) 834-5880

Drop Off Information Sheet

Date: _____

Owner's Name _____ Pet's Name, _____.

Problem for the Dr. to examine today:

Type of environment where your pet spends the most time: *Indoors* *Outdoors*

Vomiting? *Yes* *No*

Diarrhea? *Yes* *No* If yes, please describe color, consistency and frequency.

Brand/Type of food _____ Has your pet's diet been changed recently? *Yes* *No*

Are table scraps fed? *Yes* *No*

Has your pet's appetite increased, decreased, or stayed the same?

Water consumption increased, decreased, or stayed the same?

Urination increased, decreased, or stayed the same?

How long has your pet had this problem? Hours _____ days _____ weeks _____ months _____.

Has it been getting worse? *Yes* *No*

If your pet is a female, is she spayed? *Yes* *No*

Has this problem been treated elsewhere? *Yes* *No*

If yes, may we request the records? *Yes* *No*

Name of veterinarian /clinic.

Have any medications, either prescription or over the counter, been given? *Yes* *No* If yes, what?

Has your pet eaten today? *Yes* *No* If yes, what and when?

Please fill out the other side of this sheet

Are there any other problems that your pet has that we should be aware of?

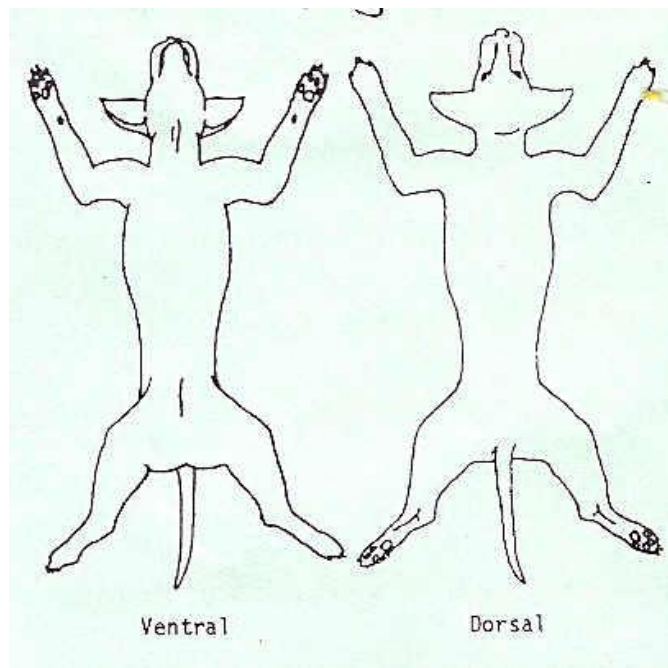
To diagnose and treat many problems, blood tests, x-rays and other tests may be necessary.

Do we have your permission to perform such blood work, x-rays, or tests that the Dr. feels are needed to properly diagnose your pet? Yes No Please call first

If your pet has a skin condition please circle the symptoms that best describe the problem.

Itching Scaling Crusty Red Hairloss

If there is a skin problem or a lump please indicate with an X where it is located on the diagram below.



What time do you plan on returning for your pet?

The Westgate Animal Hospital will use all reasonable precautions against injury, escape or death of your pet. The clinic staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed.

I assume full responsibility for the treatment expense involved. _____

The number where I can be reached today is : _____