



4229 VAN BUREN BOULEVARD  
 RIVERSIDE, CA 92503  
 TEL: 951.689.0440 - FAX: 951.689.4214  
 EMAIL: INFO@ARLINGTONANIMALHOSPITAL.BIZ  
 WWW.ARLINGTONANIMALHOSPITAL.BIZ

**PATIENT DROP OFF QUESTIONNAIRE**

CLIENT NAME: \_\_\_\_\_ PET NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL SO WE CAN BETTER HELP YOUR PET. WE LOOK FORWARD TO PROVIDING EXCELLENT CARE FOR YOUR PET.

**What is the reason for your visit today?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your pet been examined elsewhere for the same problem? Did they perform any tests/x-rays? What was the outcome?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is your pet taking any medications? What are the medications and how often do you administer them?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is your pet allergic to any medications? What are they?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please authorize the following fees:**

Please call with an estimate

I authorize diagnostics and treatment up to:

\$100  \$200  \$300  \$400

YOU MAY BE REQUIRED TO LEAVE A DEPOSIT BY TELEPHONE

**DROP OFF AND PICK UP TIMES**

Please call ahead to advise us you need to drop your pet off.  
 Bring your pet in with this completed form.  
 Bring your pet's medications and any records, radiographs, etc.  
 Your pet needs to be picked up by 6:30 pm unless it is hospitalized.  
 After examining your pet we will contact you as soon as possible.

TELEPHONE NUMBER FOR TODAY: \_\_\_\_\_

| PLEASE ANSWER THE FOLLOWING QUESTIONS              | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Does your pet have health insurance?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet eating and drinking normally?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet weak or lethargic?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feed your pet human food?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet vomiting?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your pet have diarrhea?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you seen your pet passing worms in its stool? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your pet strain when urinating?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your pet have blood in it's urine?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet coughing?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet sneezing?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet gagging?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your pet been exposed to other pets recently?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have other dogs?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have other cats?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your pet ever had seizures?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet constipated?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your pet chew/eat bedding or toys?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your pet fainted or passed out?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your pet had surgery recently?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet shaking its head?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have foxtails on your property?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your pet limping?                               | <input type="checkbox"/> | <input type="checkbox"/> |

Circle: LR RR LF RF

Is your pet scratching and where:

\_\_\_\_\_

Does your pet have hair loss and where:

\_\_\_\_\_

**Notes for the doctor and staff**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT SIGNATURE