

Drop Off Patient Information

Nichols Veterinary Care

Since the doctor is not always available to talk to you when you drop off your pet for examination, please take the time to **COMPLETELY** fill out this sheet to better enable the doctor to evaluate your pet's condition.

Patient _____

(as in "Fluffy Smith")

Reason for visit: _____

When did you notice symptoms? _____

CURRENT STATUS: is the pet doing these things?...

Appetite	Normal	Increased	Decreased				
Water consumption?	Normal	Increased	Decreased				
Vomiting?	Yes		No	How often			
Urination?	Normal	Increased	Decreased	Bloody	Straining	Accidents	
Defecation?	Normal	Increased	Decreased	Straining	Blood	Mucus	
Diarrhea?	Consistency	Soft	Mucus	Watery	Bloody	Straining	Accidents

Vaccination Current? _____

Yes

No

Known Drug or Food Allergies? _____

Yes

No

What Brand of food? _____

Flea Control Brand _____

Heartworm Brand _____

Current Medication

How Much

How Given

When Given Last

1. _____
2. _____
3. _____

(Please put additional medications on the back) Are there any additional Meds Y N

~CHECK ONE PLEASE~

- I authorize doctor or doctor's agent to perform whatever treatment is necessary
- I authorize up to \$ _____
- Call with estimate before treatment is performed

Name: _____

Signature: _____

Contact number I can be reached at TODAY: _____