

Zebulon Animal Hospital

1403 N. Arendell Ave
Zebulon, NC 27597

Patient Drop-off Medical Information Form

Owner Name _____ Pet Name _____

Reason for visit today: _____

If sick, for how long? _____

Pet's normal diet? Prescription Commercial Table Scraps Name Brand _____

Meals per day? _____ Last time pet ate? _____

Indoor Outdoor Both

For the information below, please circle Yes or No. If yes, please provide details

Recent injury or surgery? Y / N _____

Any Medications? Y / N _____

Any Known Allergies? Y / N _____

Vomiting and/or diarrhea? Y / N _____

Urinating more or less than usual? Y / N _____

Bowel abnormalities? Y / N _____

Lack of energy and/or weakness? Y / N _____

Drinking more or less than usual? Y / N _____

Limping? Which leg? Y / N _____

Coughing, sneezing, or gagging? Y / N _____

Scratching and/or itching skin? Y / N _____

History of seizures? Y / N _____

Any lumps or bumps on Body Y / N If Yes, where? _____

Weight loss or gain? Y / N _____

Appetite increase or decrease? Y / N _____

Bad breath? Y / N _____

Behavioral changes? Y / N _____

Eye, ears, nose, mouth discharge? Y / N _____

Any scooting on rear? Y / N _____

Heartworm preventative? Y / N If yes, when was last dose given? _____

Flea and tick preventative? Y / N If yes, when was last dose given? _____

*If fleas are seen we will treat your pet with Capstar to protect other hospitalized patients.

Felv/FIV/ Heartworm status? + / - / unknown If unknown, can we test today? Y / N

A complete physical exam will be performed on every pet.

Please circle the additional services you request today:

Nail Trim Heartworm Test Express anal Glands Feline Leukemia test

Intestinal parasite check (fecal) Update necessary vaccines Microchip

I authorize sedation or pain relief for the exam or treatment if needed (\$33-\$55) Yes / No / Call first

Owner's Signature _____ Date _____

Phone numbers to be reached today: _____