Drop-Off Information

Our best source of information about your pet is you. Please fill this form out accurately and completely to enhance our abilitiy to help your pet.

Owner's Name: Pet's Name:

At what telephone number can you be reached today?

If you can only be reached at a specific time, please indicate the best time to call: ☐ AM ☐ PM

1. What is the main reason for bringing your pet in today?

   How long has this problem been going on?

2. Has your pet recently or currently been on any medication? ☐ No ☐ Yes *If yes, what?*

3. Please describe your pet's current diet:

4. Your pet's appetite is: ☐ Normal ☐ Always Hungry ☐ Poor ☐ Not Eating *If abnormal, for how many days?*

5. Your pet's water consumption is: ☐ Normal ☐ Excessive ☐ Poor ☐ Not drinking

6. Your pet's bowel movement is: ☐ Normal ☐ Diarrhea ☐ Other

   If diarrhea, give frequency and duration: times per day for Days or Weeks

7. Your pet's urination is: ☐ Normal ☐ Abnormal *If abnormal, describe:*

8. Is your pet vomiting? ☐ No ☐ Yes *If yes, give frequency and duration:* times per day for Days or Weeks

9. Is your pet sneezing or coughing? ☐ No ☐ Yes

   If yes, give frequency and duration: times per day for Days or Weeks

10. Is your pet limping? ☐ No ☐ Yes *If yes, which leg is affected?* Duration of limping: Days

    Describe your pet's limp: ☐ All of the time ☐ Only after getting up ☐ Only when walking ☐ Only when running

11. Have you noticed a weight change? ☐ No ☐ Yes, weight gain ☐ Yes, weight loss

12. Has there been a change in your pet's activity? ☐ No ☐ Yes *If yes, describe:*

13. Please describe any other changes in your pet that you have noticed:

All patients must be current on vaccinations or they will be given at admittance unless your pet is too ill to receive them.

Jordan Creek Animal Hospital
3401 E.P. True Parkway
West Des Moines, IA 50265
(515) 224-9500

Do we have your permission to proceed with additional tests or treatment related to your pet's current condition (up to $50 beyond the physical exam) prior to contacting you?
☐ Yes ☐ No

At what time today (during office hours) will you pick up your pet? ☐ AM ☐ PM