



Oakhurst Veterinary Hospital
40799 Highway 41
Oakhurst, CA 93644
(559) 683-2135

DROP OFF QUESTIONNAIRE

Date _____

Owner's Name _____ Pet's Name _____

1. What is the primary problem?

 2. What are the symptoms?

 3. When did you first notice the problem? _____
 4. Is this the first time your pet has had this or a similar problem? Yes No If yes list the dates of other occurrences _____
 5. How long did the previous occurrences last? _____
 6. Did a veterinarian treat the problem, or did it go away without treatment? _____
 7. Is the problem getting Better Worse About the same
 8. Is your pet on any medications? (Include heartworm prevention and/or flea products)
 Yes No If yes, list medications _____
 9. Is your pet allergic to any medications? Yes No If yes list meds _____
 10. Are there any other problems we should be aware of? Yes No
List problems _____
- I authorize the veterinarian to examine my pet. Call me at _____ to discuss any diagnostic tests or treatments.**
- I authorize diagnostic test and/or treatments not to exceed \$ _____ as recommended by the veterinarian without contacting me first.**

Signature _____ Date _____