

**Wilmington Animal Hospital
828 Philadelphia Pike
Wilmington, DE 19809
(302)762-2694**

Drop-Off Exam Questionnaire

Please complete the following questions before leaving your pet in our care. Your thoroughness will enable us to individualize a preventive care and treatment program tailored to your pet's specific needs.

Owner's Name as it appears in our records _____

Pet's Name _____

Contact phone numbers and e-mail

1. Do you have any current concerns about your pet's health or behavior? (*Please note that if you have any major concerns, an appointment should be scheduled with the doctor in the office so that these concerns can be addressed in more detail.*) _____

2. Is your pet drinking normal amounts of water? ____ Is this quantity increased from a year ago? ____ If you feel your pet is drinking too much water, approximately how much is he/she drinking per day? _____

3. Is your pet's appetite normal? ____ If not, please describe:

4. Is your pet urinating normally and normal amounts? ____ If not, please describe:

5. Are your pet's stools normal? ____ If not please describe:

Please note that a stool sample is regularly tested with our outside lab with each annual exam for dogs (and for cats if available). If your pet is experiencing bowel problems, we will send a stool sample to our outside lab for testing.

6. Does your pet vomit more than normally expected? ____ If yes, please describe, including what you do to help this:

7. Does your pet scoot on its bottom? ____ We will empty its anal sacs if we find this is indicated on the physical exam.

8. Is your pet itchy? ___ If yes, please describe where the itching is located and rate the itching on a scale of 1 to 10, with 10 being "itchy 100% of the time" and 1 being the extent to which a normal dog or cat might occasionally itch. _____

9. Have you noticed any new lumps or bumps since the last exam, or have any growths enlarged or changed since the last exam? ___ If yes, please describe, including the location and changes you have noticed:

10. Have you noticed any other skin problems on your pet? ___ If yes, please describe:

11. Does your pet have any ear or hearing problems? ___ If yes, please describe, including what you do to manage the ear problem:

12. Does your pet cough or sneeze excessively? ___ If yes, please describe the cough or sneeze, any discharges that occur, when the coughing or sneezing occurs (time of day, during rest or activity, etc.):

13. Have you noticed any lameness or stiffness in your pet? ___ If yes, what have you noticed and when does this occur? What do you do to ameliorate this symptom?

14. Have you noticed any eye or vision problems with your pet? ___ If yes, please describe:

15. Have you noticed any bad breath in your pet? ___ Bleeding from the gums? _____
What do you do for dental care for your pet?

16. Has your pet received any vaccinations outside of Wilmington Animal Hospital since your last visit to Wilmington Animal Hospital? If yes, please list these including the dates they were given.

17. Please list any medications your pet is currently taking, including the doses you are giving.

18. Please list any supplements you are giving your pet.

19. What do you feed your pet? List all commercial diets, fresh foods, table foods and snacks and approximate quantities of each.

20. Does your pet board at kennels or do you think your pet might be boarding in the upcoming year? If yes, please list all kennels where you currently board or might be boarding. _____ Does your kennel require the kennel cough vaccine? If yes, do you want us to give it today? ____ This vaccine provides one year of immunity. We do not recommend it for boarding at WAH.

21. Does your cat ever go outside? _____

22. What exposure does your pet have to other animals? (Please list other pets in the house as well.) Dog parks? Daycare? Groomer? Walks in the neighborhood? Stays in yard?

23. Does your pet travel with you? If yes, please list all states and countries that your pet has visited. If your pet goes camping or to bodies of water, please list as well.

24. Has your dog been taking heartworm preventive monthly all year? If not, please state when your dog did not receive heartworm pills.

25. Do you use flea and/or tick control on your pet? _____ If yes, when was this last applied? _____ What brand do you use? _____

Today's exam:

If your pet is being dropped off for a routine annual exam, our routine care might include the following:

For dogs: stool sample, titers (blood tests to measure immunity) for distemper and/or parvovirus, rabies booster if due, occult heartworm test, ear cleaning, anal sac expression, wellness blood panel (tailored to your pet's age and specific needs) and nail trim.

For cats: stool sample if indicated, rabies booster if due, wellness blood panel (tailored to your pet's age and specific needs), and nail trim.

We encourage you to visit our website for more information on vaccinations, nutrition, and boarding: [www. WilmingtonAnimalHospital.com](http://www.WilmingtonAnimalHospital.com)

We will contact you with any further recommendations based on our findings and the medical history you provided above.

Thank you for entrusting the care of your pet with us.