Stanislaus Veterinary Centers 3520 Roselle Avenue (209) 551-4527 1520 Standiford Avenue (209)577-3481

Drop-off Examination Request

Office Use Only:

Client ID#:_____

Pet Weight:_____ Temp:_____ Pulse:_____ Respiration:_____

Owner's Name (First and Last):_____

Pet's Information: Pet's Name:_____

☐ Canine ☐ Feline Breed:_____ ☐ Male ☐ Female

The information requested will tell us the issues you would like to have addressed. It is important for you to be as specific as possible. If we need additional information, we will call you at the number you provide. Thank you!

Phone Number(s):_____

Presenting Complaint:_____

Please check all symptoms that apply to your pet:

☐ Vomiting
☐ Diarrhea
☐ Constipation
☐ Decreased Appetite
☐ Decreased Energy
☐ No Concerns
☐ Weight Loss
☐ Weight Gain
☐ Straining to urinate
☐ Increased urination
☐ Decreased urination
☐ Other:_____
☐ Coughing
☐ Panting
☐ Difficulty breathing
☐ Seizures
☐ Scooting
☐ Scratching
☐ Limping
☐ Hair Loss
☐ Pain
☐ Growths

Please describe in further detail the symptoms above, including location, if appropriate:_____

How long has your pet had these symptoms?_____

Has your pet been treated for the same condition in the past?_____

Can you associate this issue with a particular incident (e.g. injury, diet change, ingestion of foreign substance/toxin, etc.)? Please explain._____

Is your pet on any medications? Please list and note time given:_____

Are there any other services that you would like to be performed (e.g. vaccines, heartworm test, prescription refill, etc.)?_____

Consent to Medical Services

I, the undersigned, am the owner (duly authorized agent of the owner) of the animal described above do hereby authorize and direct the attending veterinarian to perform a physical exam and any procedures that have been noted. I certify that I have notified the doctor of any pre-existing conditions, such as seizures, allergic reactions, possible anesthetic complications, etc. Upon the completion of the veterinarian's exam you will receive a call to discuss the treatment plan for your pet.

Signed (owner/agent):_____ **Date:** _____