



NEEPAWA VETERINARY CLINIC LTD

135 Main street West Neepawa, MB
Phone (204)-476-2222
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Email: info@neepawavet.ca

PET DROP OFF INFORMATION

Client Name: _____

Telephone Number to reach you today: _____

Pet's Name: _____ Breed: _____

Has your pet been seen by us before? Yes No (if not, please fill out a Client Registration form)

When was your pet's last meal? _____ What did he/she eat? _____

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food no yes

(please list) _____

What vaccinations, if needed, would you like us to give your pet today?

Rabies Distemper-Parvo Feline upper respiratory Feline Leukemia

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems, and what you would like us to do below:

The energy level of my pet is normal Low

Water intake is unchanged Decreased Increased

My pet has started vomiting No Yes

What color _____

What substance _____

What time was last vomiting episode _____

My Pets stools are Normal Harder (Constipated) Loose (diarrhea) Unknown

What color? _____

What consistency? _____

Has your pet had access to foods other than their usual food/diet? No Yes _____

My pet has lost or gained weight?

My pet is lame or sore, or has been injured.

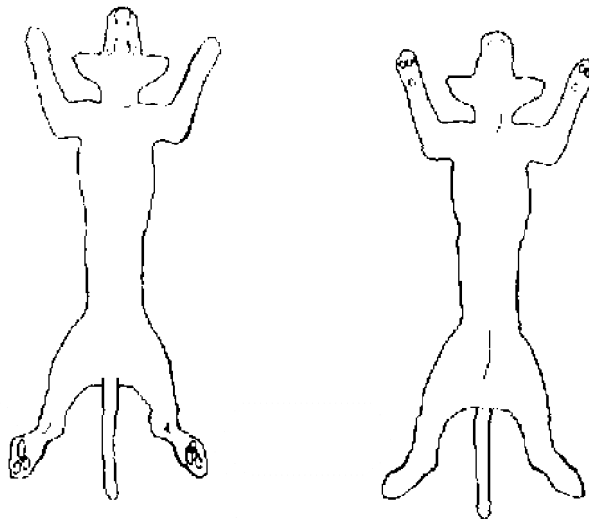
I think their _____ is bothering them.

This started _____. It is Worse Unchanged better

This has Never happened Recently happened is a chronic problem

Please circle the body part on the diagram below that indicates where the problem is.

Left (Topside) **Right** (Bottomside) **Left**



Would you like us to:

treat your pet after examination?

call you with the findings of the examination and an estimate of treatment cost prior to treating your pet?

* Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to instigating any treatments.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, or treatment, I authorize the veterinarians of Neepawa Veterinary Clinic and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signed: _____ Date: _____