



135 Main Street West Neepawa, MB
Phone (204) 476-2222
Fax (204) 476-2228
Email: info@neepawavet.ca

PET DROP OFF INFORMATION

I am the owner (or owner's agent) of _____.

CONTACT NUMBER: _____

Has your pet been seen by us before? yes [___] no [___]

What would you like us to do for your pet today?

_____ Exam by veterinarian

_____ Other service (please specify) _____

VACCINES

_____ Rabies

_____ Canine Distemper

_____ Feline Distemper

_____ Feline Leukemia

_____ Lyme

_____ Bordetella (Kennel Cough)

BLOODWORK

_____ CBC / Chemistry / Blood Smear

_____ Thyroid Panel

_____ Phenobarbital Level Check

_____ Snap 4Dx (dogs)

_____ Snap Combo (cats)

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?

Why are you bringing in your pet today?

Describe the problem(s) your pet is having:

What part of their body is bothering them:

When did you first notice the problem:

This problem has:

Never happened before

Recently happened

Is a chronic problem

What would you like the doctor caring for your pet to be aware of?

Drinking habits?

Unchanged

Drinking more than usual

Drinking less than usual

Not drinking at all

Eating habits?

Unchanged

Eating more than usual

Eating less than usual

Not eating at all

Bowel movements?

Unchanged

Softer than usual

Liquid / Diarrhea

None / Constipated

Unsure / Haven't seen

Attitude?

Normal / Unchanged

Hyper / Anxious

Depressed / Drowsy

Has your pet been vomiting? If so, please indicate below:

What colour:

What substance (contents):

When was the last vomiting episode?

When was your pet's last meal:

What did they eat?



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Has your pet had access to foods other than their usual diet?

- No
 Yes, please indicate:

Is your pet:

- Lamé / limping
 Sore
 Has been injured

Has your pet received any medication or supplements in the last 24 hours? If so, list them below

Name of Medication:	Amount Given:	What time was it given?

Is your pet sensitive / allergic to any medications, supplements or food? If so, list them below:

Medication / Supplement:	Food:

Please note:

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 diagnostic or surgical procedures as deemed necessary.

Signature:

Date:

2023/09/14