



105 Industrial Drive, Suite 1  
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Phone: 615-553-4156

### Drop-Off Patient Evaluation Request Form

Client Name:

Date:

Patient Name:

Time:

Contact Number for the day:

Concern / Reason for Visit Today:

Please provide us with some information so that we can best serve you and evaluate your pet today.

Please check all that apply to your pet.

Lethargic

Loss of appetite      How long?

Vomiting      When did it first begin?  
How soon after eating?

Appearance?

Diarrhea      When did it first begin?  
Blood noted?

Worms noted?

Urinating more       Urinating less       Blood in the urine

Water intake increased       Water intake decreased

Sneezing      When did it first begin?

Coughing      When did it first begin?

Limping      Which leg?  
When did it first begin?

Known trauma or event?

Eye pain      Which eye?

Ear discharge or pain      Which ear?

- Scratching or chewing at himself/herself      Where?  
 Currently on Medications. Please list:

Is your pet currently on flea/ tick prevention?

Is your pet currently on heartworm prevention?

Current diet/food:

For cats: Does your cat go outside at all?      If so, is it supervised or unsupervised (circle).

When did your pet last eat?      Drink?

I would like my pet to receive vaccinations today (following veterinary approval):

Dog:  DA2PPV/DA2PLPV       Rabies       Bordetella

Cat:  FVRCP       Rabies       Feline Leukemia vaccine.

I hereby authorize the staff of VetMed Animal Health to examine my pet and perform the following diagnostic procedures:

Blood work     X-rays       Urinalysis       Parasite screen       Heartworm Test

Feline Leukemia/ FIV test

Additional Services Requested:

Some pets and procedures benefit from sedation. Should this apply to your pet, do you authorized sedation today?

If surgery or advanced treatment is required, a staff member will contact you at the number provided to discuss further care.

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Signature