

LAKE CUMBERLAND ANIMAL HOSPITAL

-We Care-Pet Care-

DROP OFF EXAM ADMISSION

Client _____ Patient _____ Date _____

Describe the problem: _____

When did it first begin? _____

Has it gotten (please circle): Better Worse Stayed the same since then

Any (please circle): Coughing Sneezing Vomiting Diarrhea Lethargy
Not eating

Any prior treatment? _____

What amount, type and brand of food does the animal eat? _____

Does the animal eat table scraps? If so, what kind? _____

Do you have any questions for the doctor? _____

Do we have permission to perform fecal, bloodwork, x-rays, etc. if necessary? _____

Do we need to call you with an estimate before starting treatment or performing any procedures other than listed above? _____

What time will you be picking up your pet today? _____

At what numbers can we contact you today? _____

Owner's Signature _____