

Drop Off Form

Beckett and Associates Veterinary Services

Client:

Drop Off Form

Beckett & Associates Vet. Service
1269 Main St
Glastonbury, CT 06033-3123
(860) 659-0848

1. Please take a few moments to fill out this brief information form so that our doctors can better evaluate your pet. Thank you!

2. Client's Name:

3. Pet's Name: your pet

4. Date of Scheduled Appointment:

5. Time of Scheduled Appointment:

6. Reason for today's visit:

7. Best phone number to reach you today:

8. Please elaborate on any symptoms below that your pet is exhibiting.

9. Appetite:

Normal

Decreased

Increased

10. If increased or decreased, when did you first notice?

11. Water Intake:

Normal

Increased

Decreased

12. If increased or decreased, when did you first notice?

13. Urination:

Normal

Increased

Decreased

15. Straining to pass stool or urine?

Yes

No

16. If yes, for how long and when did you first notice?

17. Vomiting?

Yes

No

18. If yes, for how long and when did you first notice?

19. Coughing?

Yes

No

20. If yes, for how long and when did you first notice?

21. Sneezing?

Yes

No

22. If yes, for how long and when did you first notice?

23. Shaking head/scratching at ears?

Yes

No

24. If yes, for how long and when did you first notice?

25. Any new bumps/lumps/scabs/sores?

Yes

No

26. If yes, where and when did you first notice?

27. Lethargic?

Yes

No

28. If yes, when did this begin?

29. Limping?

Yes

No

30. If yes, please tell us which leg/paw (front, back, left, right) and when it started:

31. Any other symptoms not listed above?

32. Do you give your pet monthly heartworm prevention?

Yes

No

33. If yes, have you missed any doses? Which product do you use?

34. Date of last application:

35. Do you keep your pet on monthly flea and tick prevention?

Yes

No

36. If yes, when was the last application? Which product do you use?

37. Date of last application:

38. What is your pet's diet (type, brand, daily amount)?

39. Is your pet on any other medications (please list names and doses)?

40. Please elaborate on symptoms or list other details that the doctor should know about your pet.

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

42. In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Beckett & Associates Veterinary Services, LLC and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed

43. Date: