



Sick Patient Drop-Off Form

1) Client and Patient Information

Client Name: _____
Client Address: _____
Contact Number Today: _____
Patient Name: _____
Species/Breed: _____
Approx. Age: _____
Sex: _____
Identification: _____

2) Reason for Drop Off: _____

3) What symptoms have you noticed? *(pls check all that apply)*

Lethargic Diarrhea Vomitting Howling Anorectic Lameness / Soreness
 Aggressiveness No Bowel Movement No Urine Peeing outside litter pan Blood in Urine Blood in Stool
 Excessive Drinking of Water Excessive Peeing Staggering Discharge from eyes Difficulty Breathing Incontinence / Dribbling
 Itchyiness Head Tilt

4) When did the symptoms start? _____

5) Any other pets in the family or neighborhood with the same symptoms? yes no
 If yes, has your pet interacted with them recently? and where?

6) Has your pet had these symptoms in the past? yes no
 If yes, please indicate when and what treatment was given

7) Is your pet currently diagnosed with any illnesses? yes no
 If yes, please indicate what illness. _____

8) Is your pet currently receiving any medication or supplements? yes no
 If yes, please list the medications and the dosage and the last time they received this medication.

9) What diet is your pet being fed regularly? _____



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Animal Hospital

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10) For New Patients Only:

Would you like us to request records from your past veterinarian?

yes no Has never been seen by a veterinarian

- If yes, please indicate the name of the clinic your pet last visited. Please sign the consent form following this document for us to get your pet's medical records.

11) If you would like to include any other points of your pet's history, please do so here.

12) Would you like us to start the diagnostics immediately after examining your pet? yes no

- If yes, please sign the medical consent form directly following this document.

13) Would you like us to call you prior to doing any diagnostics? yes no

- If yes, please indicate how we can reach you today. _____

This completes our clinic's Patient Drop off form. Please Sign on the line below and indicate where we can reach you today to schedule a discharge time as well as discuss any issues that were seen by our veterinarian.

Client Signature: _____

Date: _____

Phone number to be reached at today: _____