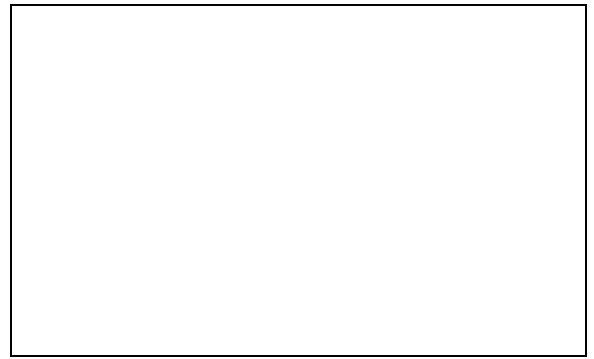


Kensington Veterinary  
Hospital  
Drop Off Examination  
Questionnaire



\_\_\_\_\_  
Last Name, First Name,

\_\_\_\_\_  
Alternate Contact Last Name, First Name

\_\_\_\_\_  
Best Number To Reach You Today

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Best Time To Call:

\_\_\_\_\_  
Please describe in detail the reason your pet is being examined today:

\_\_\_\_\_  
(Please use back of form if more room is needed)

\_\_\_\_\_  
How long has this problem been present?

\_\_\_\_\_  
Is your pet on any medications? If so please list name, dose and how often and when last administered:

\_\_\_\_\_  
Is your pet eating and drinking normally? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if no please explain: \_\_\_\_\_

\_\_\_\_\_  
When did your pet last eat? \_\_\_\_\_ When did your pet last drink? \_\_\_\_\_

\_\_\_\_\_  
Is your pet lethargic? Decreased energy level? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if so, for how long? \_\_\_\_\_

\_\_\_\_\_  
Is your pet vomiting? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if so, how often& for how long? \_\_\_\_\_

\_\_\_\_\_  
Is your pet having diarrhea? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if so, for how long? \_\_\_\_\_

\_\_\_\_\_  
Is your pet coughing? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if so, how often & for how long? \_\_\_\_\_

\_\_\_\_\_  
Is your pet sneezing? Yes: \_\_\_\_\_ No: \_\_\_\_\_, if so, how often & for how long? \_\_\_\_\_

\_\_\_\_\_  
Other concerns:

\_\_\_\_\_  
We will examine your pet, then call you for a detailed history and to review the doctors findings. At that time we will need to present you with an estimate that will include diagnostic testing and treatment.

\_\_\_\_\_  
Please sign below to authorize us to examine your animal.

Office Call Routine: \$41.40

Hazardous Materials Handling: \$ 1.60

Day Care, maximum charge: \$15.60

\$58.60

I authorize the charges listed above for an examination and daycare of my pet. Please contact me at the numbers listed above to discuss examination findings, diagnostics and treatments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date