



LaCroix Veterinary Hospital

908 Pine Grove Drive, Wilmington, NC 28409

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PATIENT DROP-OFF MEDICAL INFORMATION FORM

Owner Name: _____ Pet's Name: _____ Phone: _____

Reason for visit today: _____

If sick, for how long? _____

Pet's normal diet?	Prescription	Commercial	Table Scraps
Meals per day?		Last time pet ate?	

For the questions below, please circle Yes or No. If Yes, please provide details

Recent injury or surgery?	Y / N	_____
Current medications?	Y / N	_____
Any known allergies?	Y / N	_____
Vomiting and / or diarrhea	Y / N	_____
Urinating more or less than usual?	Y / N	_____
Bowel abnormalities?	Y / N	_____
Lack of energy and/or weakness?	Y / N	_____
Drinking more or less than usual?	Y / N	_____
Limping? Which leg?	Y / N	_____
Coughing, sneezing or gagging?	Y / N	_____
Scratching &/or chewing at skin?	Y / N	_____
History of seizures?	Y / N	_____
Any lumps or bumps on body?	Y / N	_____ <u>If yes, where?</u>
Weight loss or gain?	Y / N	_____
Appetite increase or decrease?	Y / N	_____
Bad breath?	Y / N	_____
Behavioral changes?	Y / N	_____
Heartworm preventative?	Y / N	_____ <u>If yes, when was last does given?</u>
Eye, ears, nose, mouth discharge?	Y / N	_____
Any scooting on rear?	Y / N	_____

A complete physical exam will be performed on every pet.

Owner's Signature _____ Date ____ / ____ / ____