

Recp.

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

Tech.

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

Pet's Name: _____ **Client Name:** _____

Reason for today's visit: _____

Telephone Number(s) for today: _____ **Date:** _____

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

Symptom	Please check one		How often?	1st. noticed & duration of symptoms
Appetite	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	
Water Intake	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	
Urination	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	
Straining to pass stool or Urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shaking head/scratching at	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
New lumps,bumps,scabs, sores	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lethargic	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Limping	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Do you give your pet monthly heartworm prevention? Yes No _____
If So, Have you missed any doses? Yes No _____
Which product do you use? _____

Do You keep your pet on monthly flea and tick prevention? Yes No _____
If so, when was the last application? _____
Which product do you use? _____ **Date Applied** _____

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

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

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

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

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

Signature _____

Date: _____