



908 Pine Grove Drive, Wilmington, NC 28409
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PATIENT DROP-OFF MEDICAL INFORMATION

Owner's Name:

Pet's Name:

Phone:

Reason for visit today:

If sick, for how long?

Pet's normal diet?
 Meals per day?

Prescription
 Last time pet ate?

Commercial

Table Scraps

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

Recent injury or surgery?	Yes	No
Current medications?	Yes	No
Any known allergies?	Yes	No
Vomiting and / or diarrhea?	Yes	No
Urinating more or less than usual?	Yes	No
Bowel abnormalities?	Yes	No
Lack of energy and / or weakness?	Yes	No
Drinking more or less than usual?	Yes	No
Limping? Which leg?	Yes	No
Coughing, sneezing, or gagging?	Yes	No
Scratching and / or chewing at skin?	Yes	No
History of seizures?	Yes	No
Any lumps or bumps on body? Where?	Yes	No
Weight loss or gain?	Yes	No
Appetite increase or decrease?	Yes	No
Bad breath?	Yes	No
Behavioral changes?	Yes	No
Heartworm preventative? Date of last dose?	Yes	No
Eye, ear, nose, or mouth discharge?	Yes	No
Any scooting on rear?	Yes	No

A complete physical exam will be performed on every pet.

Owner's Signature

Date:

*This form may be signed electronically using the format /Firstname Lastname/. An electronic signature will carry the same legal weight as a handwritten one.