



Northlands Animal Care Drop Off Examination Consent Form.

Date:.....

Name:.....

Address:.....

Phone:.....can we contact you on this number once we have examined your animal? Y/N

Animal Name.....

Age..... Sex M/F Desexed Y/N

Description of animal.....

Have we seen your pet before? Y/N



Please circle above the area of concern

	Y	N
Have you noticed your pet drinking more or less than normal		
Is your pet eating more or less than normal?		
Has your pet gone off its food all together?		
If so how many days for?		
Have you noticed any vomiting?		
Have you noticed a change in your animal's behaviour? Explain below		
Is your pet reluctant to move or lethargic?		
Does your pet have trouble walking or climbing stairs?		
Is your pet urinating more frequently?		
Have you de-fleaed your pet recently?		
Has your pet developed bad breath or drops food when eating?		
Have you wormed your pet in the last 3 months?		
Is your pet itchy or scratchy? Explain below		
Have you noticed any diarrhoea?		
Has your pet eaten today and if so when?		

Please give us a history of what signs and symptoms your animal has displayed, any extra treatment you would like done for your pet while with us today?

(Nail clip, dental, ear clean or pluck, flea & worm treatment, vaccination, microchip)

Signature.....

This is to allow us to complete a full nose to tail examination on your pet then phone you with treatment plan and an estimate of costs.

*Please phone us with your drop off date.