

Great Bay Animal Hospital
31 Newmarket Road
Durham, NH 03824
Office: (603) 868-7387

DROP OFF EXAMINATION HISTORY FORM

TODAYS NUMBER: _____

What is your pet being dropped off at the hospital for today?

How long has your pet been having this problem and how often?

(ex: he has been vomiting 2 times a day for the last 4 days).

Is your pet currently eating and drinking normally? **YES** **NO**

Did you pet eat today? **YES** **NO**

Is your pet acting normally aside from this concern? **YES** **NO**

If **NO**, Please explain: _____

Does your pet take any current daily medications? **YES** **NO**

If **YES**, please list all medications and when they were last given:

If your pet is due for any vaccines or annual testing, would you like to do this today if possible? _____

We make every attempt to assess every drop off patient within 2 hours of their drop off time. Please be available by the phone number provided to discuss the doctor's findings and approve a treatment plan.