

Ferry Farm Animal Clinic  
Patient History Information for Patients Being Dropped Off

1. What is the primary reason for your pet's visit today?
2. What other symptoms are present?
3. When did you first notice this problem?
4. Is your pet's appetite normal? When did he/she last eat and how much was consumed?
5. If any vomiting, when did it start? How many episodes in the last 24 hours? What time was the last episode of vomiting? How long after eating does it occur? What is in the vomitus?
6. If any diarrhea or loose stool, when was that first noted? How many episodes in the last 24 hours? Is there any straining when having a stool? Is there any blood noted?
7. If skin problems, where is the affected area? Is your pet scratching/licking/chewing excessively? How long has the problem been going on? Is your pet currently being treated for fleas or ticks? If so, which product and when was it last applied?
8. If there is a lump, growth, or other abnormal area that you would like us to examine, please describe its location. Be as precise as possible. (Please show one of the employees the location.)
9. Do you wish to see a specific doctor; if so, which one?
10. Is there any other information that you want the veterinarian to know about your pet's condition?  
If more room is needed, please use the back of the form.

After the attending veterinarian has examined your pet, we will call you and discuss our findings, any treatments or additional diagnostics that are necessary, and an estimate of costs, if desired. Please leave a phone number(s) **where you can be reached today** on the accompanying consent form.