

Curbside History Form

Please arrive 10 mins before your appointment time.



Name: _____
Pet's Name: _____
Cell phone: _____
Date: _____

Park Please help us identify your car

Make: _____
Model: _____
Color: _____

Notifying us of your arrival

Please call our office once you have arrived at 785-843-5577

Pet prepared Please have your pet on a leash or in a carrier before we come to the car. Please bring a fecal and urine sample, so if needed it is available.

Please have this form **completed** before coming to the hospital. You can email it back before your appointment to pet@wakavet.com or bring it with you.

Your pet will be brought into the hospital by a team member, the doctor will do an exam and any questions/conversations will be by phone. Please have a cell phone ready and the number of that phone on this form. Payment of services will be curbside as well, and expected after the visit is complete.

Pet History:

Briefly describe the reason your pet is here for an exam, such as ear infection, sick or limping. Please answer all questions below regardless of why your pet is here.

Has your pet had any coughing ? **Yes No**

Has your pet had any sneezing ? **Yes No**

Does your pet have any nasal discharge? **Yes No**
If yes what color and which nostril(s)?

Has your pet been vomiting? **Yes No**
If your pet has been vomiting when was the last time and describe the vomit.

Has your pet had diarrhea? **Yes No**
Does your pet's stool look normal in color? If no, is it black or bloody? **Yes No**

Has your pet been drinking more? **Yes No**

Has your pet been urinating more? **Yes No**

Have you seen your pet's urine? **Yes No**
If so what was the color and amount?

Has your pet's appetite changed? **Yes No**
If so describe how?

When was the last time you saw a bowel movement and what did it look like?

Any change in diet? **Yes No**
If yes, when and what did you change?

Is your pet lethargic (not active)? **Yes No**
If yes, how long?

Is your pet here because it is limping? **Yes No**
If so which leg and how long?

Please list all medications your pet is on and when they were last given:

Has your pet cried out? **Yes No**
If so what was your pet doing when this occurred?