

## Absentee Exam Form

Denise Kurtz D.V.M.  
Emilia Monachino D.V.M.

Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

- What is the reason for this visit? \_\_\_\_\_
- If there is a problem, when did it start and has it progressed? \_\_\_\_\_
- Please list any medications he/she is taking, including flea and heartworm prevention, as well as dietary supplements:  
\_\_\_\_\_
- What diet is our pet currently on and how much does he/she get a day? \_\_\_\_\_
- Have you seen any changes in your pet's bathroom habits and if so in what way? \_\_\_\_\_
- Does your pet live indoor or outdoor, exclusively or both? \_\_\_\_\_
  - Go for leash walks? \_\_\_\_\_
  - Go outside supervised? \_\_\_\_\_
  - Go out unsupervised? \_\_\_\_\_
- Has your pet been painful and if so where? \_\_\_\_\_
  - How long ago did you notice the problem? \_\_\_\_\_
  - Please rate your pet's pain level on a scale of 1 (best) – 10 (worst): \_\_\_\_\_
  - Has it progressed? \_\_\_\_\_
- Have you noticed any lumps, bumps, itching or scratching and if so where? \_\_\_\_\_
  - How long ago did you notice the problem? \_\_\_\_\_
  - If itchy, please rate your pet's itch level on a scale of 1 (best) – 10 (worst): \_\_\_\_\_
  - Has it progressed? \_\_\_\_\_
  - Has our pet's skin shown any redness or scabs? \_\_\_\_\_
  - If lumps or bumps are present, did you notice any itching before or after they appeared? \_\_\_\_\_
  - Are any other pets or people in the household showing similar signs? \_\_\_\_\_
  - If there is a lump or bump, has it grown in size or changed in character? \_\_\_\_\_
    - If so, please describe? \_\_\_\_\_
- Has there been any exposure to garbage, cleaning products, pesticides, antifreeze, dead animals or other harmful substances?  
\_\_\_\_\_
- Have you noticed any coughing, sneezing or vomiting or diarrhea? \_\_\_\_\_
  - If so, please describe character and frequency: \_\_\_\_\_
- Is your pet current on vaccines? Please provide proof if you are a new client to us. \_\_\_\_\_

During the physical exam, the doctor may find problems that need to be addressed.

( ) I approve the initiation of diagnostics and/or treatment for the current problem/s.

( ) I wish to speak to the doctor or technician before any procedure or treatment is implemented.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_