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Absentee Exam Form

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: _____