



**Liverpool Animal Health Center**  
**8205 Oswego Road**  
**Liverpool, NY 13090**  
**315-622-2882**



## Patient History for Drop Off

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_ Date \_\_\_\_\_

**Telephone number where you can be reached today:**

Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Cell \_\_\_\_\_

**To ensure your pet receives complete and proper care, please answer the following questions:**

Please describe in as much detail as possible, the reason for the visit: \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in the following:

Eating/appetite Describe \_\_\_\_\_

Drinking/thirst Describe \_\_\_\_\_

Bowel movements Describe \_\_\_\_\_  
(frequency, color, consistency, blood)

Urination Describe \_\_\_\_\_  
(frequency, color, or habits, eg. inappropriate urination in the house?)

Coughing/sneezing Describe \_\_\_\_\_  
(frequency, dry / moist, discharge)

Vomiting Describe \_\_\_\_\_  
(frequency, color, consistency, blood)

Behavior Describe \_\_\_\_\_  
(excitable, lethargic, shaking, hiding)

What pet food does your pet normally eat? \_\_\_\_\_ How often? \_\_\_\_\_

Table food/scraps? \_\_\_\_\_

Is your pet receiving any other medications or dietary supplements? \_\_\_\_\_

\_\_\_\_\_

Other Requests: \_\_\_\_\_

**OVER →**

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**DIABETIC INSULIN REGULATION INFORMATION**

When did your pet last eat? \_\_\_\_\_ What type of food did your pet eat? \_\_\_\_\_

How much did your pet eat? \_\_\_\_\_ What type of insulin is your pet on? \_\_\_\_\_

How many units of insulin does your pet currently receive? \_\_\_\_\_ AM \_\_\_\_\_ PM

When did your pet receive his/her last dose of insulin? \_\_\_\_\_ How many units? \_\_\_\_\_

Is your pet receiving any other medications or dietary supplements? \_\_\_\_\_

Other Requests: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Thank you for your time. A doctor will contact you today regarding the findings and status of your pet. If you have not heard from us in 2-3 hours, please feel free to call us.**