



1360 S. De Anza Blvd.
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www.westvalleypetclinic.com

"Assuring Your Pet's Health For Life"
WVPC Drop Off Appointment

Your Last name _____ Your Pet's Name _____

1. What concerns do you have today?

2. Regarding above if applicable:

- a. How long have you noted this problem? _____
- b. Has there been any change since you noted it? (better, worse, no change) _____

3. Any vomiting, diarrhea, coughing, sneezing? (circle if noted)

- a. How often? (several times a day? A week? A month?)

4. Diet: What food is your pet eating?

- a. Any recent diet change? _____
- b. Does your pet receive people food? _____
- c. Any treats? _____

5. What medications is your pet currently taking? _____

- a. Monthly flea / heartworm preventative? _____
- b. Any supplements / aspirins? _____

6. How is your pet's activity level? (active, restless, normal, decreased, lethargic) _____

7. If your pet is due for routine vaccinations / testing, do you want us to proceed with them? _____

The best way to reach me today is: Phone _____ email _____

8. If applicable and time allows, would you like to have your dog groomed? __ Yes, please __ No, thank you

Choose one below:

- ___ I authorize needed care for my pet without contact
- ___ Please call with an estimate if recommended care exceeds \$ _____
- ___ Please call with estimate for recommended care before proceeding

Signature _____

Date _____