

Great Bay Animal Hospital  
31 Newmarket Road  
Durham, NH 03824  
Office: (603) 868-7387

**DROP OFF EXAMINATION HISTORY FORM**

**TODAYS NUMBER:** \_\_\_\_\_

What is your pet being dropped off at the hospital for today?

\_\_\_\_\_

How long has your pet been having this problem and how often?

(ex: he has been vomiting 2 times a day for the last 4 days).

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently eating and drinking normally? **YES/NO**

Did you pet eat today? **YES/NO**

Is your pet acting normally aside from this concern? **YES/NO**

If **NO**, Please explain: \_\_\_\_\_

Does your pet take any current daily medications? **YES/NO**

If **YES**, please list all medications and when they were last given:

\_\_\_\_\_

\_\_\_\_\_

If your pet is due for any vaccines or annual testing, would you like to do this today if possible? \_\_\_\_\_

We make every attempt to assess every drop off patient within 2 hours of their drop off time. Please be available by the phone number provided to discuss the doctor's findings and approve a treatment plan.