

## EMERGENCY RECEIVING QUESTIONNAIRE

DATE: \_\_\_\_\_ Owner's name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Canine/Feline/ \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male/NM/Female/SP

### Reason for Visit

Presenting Complaint: \_\_\_\_\_

Duration of illness or condition: \_\_\_\_\_

Does the pet have a history of this problem? \_\_\_\_\_

### Patient History

1. Is the pet lethargic? \_\_\_\_\_

2. How is the pet's appetite? Normal/Decreased/Not Eating  
Type of diet being fed: \_\_\_\_\_

3. Is the pet vomiting? Yes/No  
If yes, describe appearance & frequency: \_\_\_\_\_

4. Does the pet have diarrhea? Yes/No  
If yes, describe appearance & frequency: \_\_\_\_\_

5. Is the pet constipated? Yes/No

6. Is the pet urinating? Yes/No  
If yes, Normal/Blood in urine/slow, painful urination

7. Does the pet have any allergies? Yes/No  
If yes, describe: \_\_\_\_\_

8. Does your pet go out? \_\_\_\_\_

9. In fenced yard or free roaming? \_\_\_\_\_

10. List any medications being taken & why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Was any over the counter medication given? Tylenol/Aspirin/Other:  
\_\_\_\_\_

12. Was the pet exposed to a toxin? Yes/No If yes, describe: \_\_\_\_\_

13. Have any changes in the pet's environment occurred? Yes/No If yes,  
Describe: \_\_\_\_\_

14. Other changes: \_\_\_\_\_

### Initial Assessment

1. T \_\_\_\_\_

P \_\_\_\_\_

2. R \_\_\_\_\_

3. MM color \_\_\_\_\_

4. CRT \_\_\_\_\_

5. Ambulatory: Yes/No Lameness noted: \_\_\_\_\_  
Other: \_\_\_\_\_

6. Level of consciousness: BAR (bright, alert, reactive)  
QAR (quiet, alert, reactive) Lethargic

7. Behavior code: Red (caution) Yellow (normal) Blue (very sweet)