

Patient: _____
Breed: _____
Sex: _____
Age: _____
Color: _____

Owner: _____
Street: _____
City: _____
Phone: _____

Patient Drop Off Form

Please help us to provide treatment/service for _____ who is being dropped off with us for the day.
Please answer the following questions:

Section 1: Reason for Visit? _____

Circle

- Y N Appetite Normal?
Y N Vomiting? How Long? _____
Y N Diarrhea? How Long? _____
Y N Drinking more than usual? How Long? _____
Y N Drinking less than usual? How Long? _____
Y N Weakness? How Long? _____
Y N Coughing? How Long? _____
Y N Sneezing? How Long? _____
Y N Gagging? How Long? _____
Y N Urinating more than usual? How Long? _____
Y N Urinating less than usual? How Long? _____
Y N Scratching? How Long? _____
Y N Shaking head? How Long? _____
Y N Limping? How Long? _____
Y N Scooting? How Long? _____
Y N Weight gain? How Long? _____
Y N Unusual discharge? How Long? _____
Y N Did pet eat this morning?
Y N Has pet been treated for this same condition recently?
Y N Indoor / Outdoor pet
Y N Indoor Only pet
Y N Anything else we need to know? Explain:

Section 2: Authorization to Perform Services For Your Pet Today

Y N Do you give us authorization to run and complete the necessary tests to evaluate your pet such as: Blood work, urinalysis, fecal, bloodwork, radiographs, etc?

Or

Y N Do you want us to call you first?

If your pet has fleas or ticks, treatment will be prescribed and you will be charged upon pick-up.

Section 3: Signature

OWNER/AGENT _____ Date: _____

Section 4: Phone Number I can be reached at today: 1) _____
2) _____