

DROP OFF FORM

Owner's Name _____ Date _____

Pet's Name _____

Phone number where you can be reached today _____

HISTORY FOR AN ILL PET

Please check the sign or signs that you are noticing:

Vomiting?___ Vomiting what? _____ How long? _____ Gagging? _____ How long? _____
Diarrhea?___ Straining? _____ How long? _____ Scratching?___ Where? _____
Listless?___ Weakness? _____ How long? _____ Shaking head?___ How long? _____
No appetite?___ How long? _____ Limping?___ Which leg? _____ Coughing? _____
How long? _____ Scooting?___ How long? _____ Sneezing? _____ How long? _____
Skin problem?___ Where? _____ Straining to urinate? _____ How long? _____
Growth?___ Where? _____ Eye problem? _____ How long? _____

Please list anything else we need to know:

LIST AND CHECK THE THINGS WE SHOULD DO FOR YOUR PET TODAY

VACCINATIONS: TESTS AND SERVICES:

_____ All needed _____ Physical examination
_____ Distemper/Parvo(Dogs) _____ Internal parasite exam(fecal)
_____ Bordetella(Kennel cough)(Dogs) _____ Microchip implantation
_____ Rabies(Dogs and Cats) _____ Heartworm blood test(Dogs)
_____ FVRCP(Cats) _____ FELV (Cats) _____ Toe nail trim

Are there any other services or procedures you would like done for your pet?

We will try to contact you concerning your pet's condition if the need arises that we need more information.

Please understand that most drop-off pets are not scheduled appointments, and if the doctor needs to examine your pet, he or she will do so as soon as possible. If we haven't contacted you by 2:00 p.m., please contact us to check on the status of your pet.

Signature of owner or responsible party _____

Witness _____