

Date \_\_\_\_\_

Client ID# \_\_\_\_\_

### Drop Off Form

Pets Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Best number to reach you at today?:**

**Phone #1** \_\_\_\_\_ **Phone #2** \_\_\_\_\_

#### Medical History:

Medications currently taking:

Illness in the last 30 days?  Yes  No

If yes,

Explain \_\_\_\_\_

Current Problem to check:

Has this been previously treated  Yes  No

Did you feed your pet this morning?  Yes  No Time of meal? \_\_\_\_\_

Do necessary diagnostic testing?(X-rays, Blood Work, Ultrasound etc.)  Yes  No  Call First

Vomiting | Gagging? (Circle one/both) How long? \_\_\_\_\_

Coughing | Sneezing? (Circle one/both) How long? \_\_\_\_\_

Diarrhea? How long? \_\_\_\_\_ Describe

Any recent change in diet prior to symptoms?  Yes  No

If yes,

Explain \_\_\_\_\_

Appetite?  Increased  Decreased  No Change

Water Consumption?  Increased  Decreased  No Change

How is your pet's urination?  Increased  Decreased  No Change

How is your pet's energy level?  Increased  Decreased  No Change

Itching | Scratching | Chewing | Lumps? (Circle one/all) Where(diagram back page)/How long

Current on flea medication  Yes  No If yes, what kind/brand? \_\_\_\_\_

Limping? Which leg? \_\_\_\_\_ How long? \_\_\_\_\_

Some procedures require sedation/anesthesia such as foxtail explores, laceration repairs etc.

May we sedate/anesthetize your pet if needed? [ ] Yes [ ] No [ ] Call First

Are you OK with diagnostics/medication(s) up to [ ] \$250, [ ] \$500, or [ ] call with estimate?

