

Owner's Name: _____

Date: _____

Pet's Name: _____

PET DROP-OFF FORM

Please leave a number where you can be reached **at any time today** should the doctor need to speak with you.

() _____ or () _____

Primary reason for visit: _____

Please list any additional services your pet needs today: _____

Has your pet had anything to eat today? Yes No If Yes, what time? _____

Regular food fed: _____

Please check all the symptoms that apply:

Vomiting		Increased Water Intake		Lethargy	
Diarrhea		Increased Urination		Pain	
Decreased Appetite		Lumps or Bumps		Coughing or Sneezing	
Increased Appetite		Bad Breath		Weight Loss	
Skin problems/ scratching		Scotting		Weight Gain	

Vaccinations, Labwork, other services:

K9 Rabies		Lyme		Anal Expression	
Feline Rabies		Leptospirosis		Nail Trim	
Distemper		Feline Leukemia		Other:	
Bordetella		4dx Heartworm Test		Other:	
Canine Flu		Heartworm Prevention		Other:	

Please list all medication(s) your pet is currently taking and when the last dose was given:

Medication: _____ Time Given: _____

Medication: _____ Time Given: _____

If **X-Rays** are necessary for treating your pet today, do we have your permission? **Yes No**

If **Blood Work** is necessary for treating your pet today, do we have your permission? **Yes No**

If **Sedation** is necessary for treating your pet today, do we have your permission? **Yes No**

I give permission for my pet to be treated for what is described above and agree to be financially responsible.

Signature of Owner or Guardian