

DROP OFF INFORMATION FORM

Is your pet **INDOOR, OUTDOOR, BOTH?** (circle one)

What is your pet's current diet? _____ How much do you feed? _____

Do you have other pets? **YES or NO** (circle one) Are they up to date on vaccines, heartworm prevention and flea/tick prevention? **YES or NO** (circle one)

Is your pet on any medications? **YES or NO** (circle one) List all meds and how often they are given: _____

Has your pet had any allergic reactions to vaccines, medications, etc.? **YES or NO** (circle one) If yes please list: _____

Is your pet up to date on vaccines and lab work? **YES or NO** (circle one)

Canine Required Vaccines to stay: DAPP/DAPP+L, Bordetella, Rabies

Feline Required Vaccines to stay: FVRCP, Rabies

***If pet is not up to date on any of the required vaccines, they will have to be brought up to date unless the doctor decides otherwise.**

REASON FOR DROP OFF:

If drop off is for Vaccines/Annual ONLY, complete the following section and then read and sign the last section of the Drop Off form.

Do you want lab work done? (see below)

Dogs: 4DX (test for heartworms and 3 tickborne diseases) **YES or NO** (circle one)

Fecal (test for intestinal parasites) **YES or NO** (circle one)

Cats: Fecal (test for intestinal parasites) **YES or NO** (circle one)

Do you want any other diagnostics? (see below)

Further blood test (i.e. chemistry/CBC, or specialized test for medications, etc.)

YES or NO (circle one) Please list desired test _____

If your pet has any other concerns you would like checked out, please fill out next section. If not please read and sign the last section.

If drop off is for anything else (i.e. vomiting, check ears, limping, etc.)

What is the problem and when did it start?

Has your pet had this problem in the past? **YES or NO** (circle one) If yes, did the problem respond to the previous treatment? **YES or NO** (circle one)

Has your pet had any recent dietary changes (i.e. change in food brands, had food scraps from the table, etc.)? **YES or NO** (circle one) If yes, please explain _____

Has your pet gotten into anything, been exposed to anything, or chewed up anything that he/she shouldn't? **YES or NO** (circle one) If yes, please explain _____

Is your pet vomiting? **YES or NO** (circle one) If yes, how often and what does it look like?

Does your pet have diarrhea? **YES or NO** (circle one) If yes, how often and have you seen blood? _____

Is your pet eating ok? **YES or NO** Is your pet eating **MORE, LESS, SAME?** (circle one)

Is your pet drinking ok? **YES or NO** Is your pet drinking **MORE, LESS, SAME?** (circle one)

Is your pet sneezing or coughing? **YES or NO** (circle one) If yes, which one and how frequently? _____

Is your pet urinating **MORE FREQUENTLY, LESS FREQUENTLY, NORMALLY?** (circle one) Have you seen blood in the urine? **YES or NO** (circle one)

Is your pet itching and/or scratching? **YES or NO** (circle one) If yes, where? _____

Is your pet shaking his/her head or bothering the ears? **YES or NO** (circle one) If yes, is there any smell or discharge? _____

Has your pet lost or gained weight? **YES or NO** (circle one) If yes, which? _____

Any additional medical history?

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

****Drop Off Services at times require blood work, X-Rays, and/or possible Hospitalization, in such cases prices could vary. Please initial if you OK these items if needed without calling ____ (initial here) or call me first ____ (initial here) *Note that not being able to reach you can and will delay your pet's treatment*****

****Drop Off Services at times requires for the patient to be released towards the end of the business day (5 PM – 6 PM) regardless of the time of intake****

****Drop Off Services requires at times for a 50% to 75% Down Payment at the time of Drop Off****

SIGNATURE OF THE AGENT FOR THE PET(S): _____