

DROP OFF FORM

» MAIN CONCERN/SYMPTOMS:

» HAS YOUR PET ATE _____ AND/OR DRANK _____ TODAY?

» IF NO, WHEN WAS THE LAST TIME YOU SAW YOUR PET EAT OR DRINK NORMALLY?

» HAS YOUR PET URINATED _____ AND/OR DEFECATED _____ TODAY?

» IF NO, WHEN WAS THE LAST TIME YOU SAW YOUR PET URINATE OR DEFECATE?

» IS YOUR PET VOMITING OR HAVE DIARRHEA? _____

» IF YES, PLEASE EXPLAIN? _____

» IS YOUR PET CURRENT ON VACCINATIONS?

- DOG -

-CAT-

RABIES: _____

RABIES: _____

DHLP: _____

FVRCP: _____

BORDETELLA: _____

FELUK/FIV TEST: _____

» IS YOUR PET ON HEARTWORM PREVENTION? _____

» IF YES, WHEN WAS THE LAST HEARTWORM TEST PERFORMED? _____

» IS YOUR PET ON A FLEA/TICK PREVENTATIVE? _____

» IS YOUR PET CURRENTLY ON ANY MEDICATIONS? IF YES PLEASE LIST: _____

» OTHER IMPORTANT INFORMATION: _____

IF BLOOD WORK IS **NECESSARY**, DO WE HAVE AUTHORIZATION TO DO SO? _____

» MINIMUM DATABASE NEEDED UP TO \$250.

IF X-RAYS ARE **NECESSARY**, DO WE HAVE AUTHORIZATION TO DO SO? _____

» MINIMUM 2 VIEWS UP TO \$150.

» CLIENT SIGNATURE: _____