

Drop-Off Form (Please Complete Entire Form)

Patient Name: _____ Age: _____

What does your pet need to have today? _____

** Please note, in order to drop-off your pet, **all vaccines must be current** (Rabies, DHPPC, Bordatella (for dogs) and FVRCCP and Rabies (for cats). You must provide documentation that verifies current vaccinations, or your pet must be vaccinated before leaving. This is for your pet’s protection as well as for the protection of all the other animals in this facility. Physical exams must be done prior to the administration of the vaccines are at the **owner’s expense**. If fleas are present on your pet, a capstar will be administered at the owner’s expense **

Please circle any symptoms you have noticed with your pet:

- | | | | |
|--------------------|---------------|------------------|---------------------|
| Lumps or bumps | diarrhea | limping | thirst increased |
| Breathing problems | eye discharge | loss of appetite | urination increased |
| Coughing | hair loss | scratching | vomiting |
| Sneezing | lethargic | shaking head | weakness |

How long has the problem been going on? _____

Is your pet on any medications ? _____

What brand of heartworm prevention? Heartguard/ Interceptor/ Sentinel/ Other _____

What brand of flea control? Advantage/ Advantix/ Frontline/ Other _____

Does your pet have any know allergies? _____

Please circle any and all treatments we are authorized to perform:

_____ Bloodwork _____ Radiographs _____ IV/ Fluids/ Hospitalization

_____ Update any current vaccinations, heartworm, and fecal tests

ALL SERVICES MUST BE PAID IN FULL AT THE TIME OF DISCHARGE

Owner’s Signature: _____ Date: _____

Phone number where you can be reached today: _____

