



DROP OFF INFORMATION Date: _____

Client _____ Patient _____

Numbers Where I Can Be Reached: _____

Presenting Concern: _____

Is this the first time this problem has occurred? Yes No, Last occurrence _____

My pet is: Indoor Only Indoor/Outdoor Outdoor Only

When was the last time your pet ate (treats & table food included)?
Time _____ Amount _____

Medications your pet is on (name, dosage & time): _____

Vitamins & supplements your pet is on: _____

Last dose of Heartworm Preventative given on: _____

May we sedate/anesthetize your pet if necessary? Yes No Call First

May we x-ray your pet if necessary? (Cost \$150+) Yes No Call First

May we do bloodwork? (Cost \$150) Yes No Call First

For dogs, may we run a Heartworm Test (Cost \$36.50) Yes No Call First

For cats, may we run a Leukemia & Aids Test (Cost \$48) Yes No Call First

In addition to the above diagnostics, the maximum to spend if my pet needs additional care is \$ _____.

Vaccinations Needed: DA2PP Rattlesnake BORD Rabies
FVRCP FELV FLU LEPTO

I understand my pet will be treated for fleas &/or ticks at my expense if they are found on my pet. _____ (Initial Here)

Please feel free to write any additional notes or information on the back of this form.

Signed by owner or agent: _____

PRINT NAME _____



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