

Patient Drop-off Form: Illness/Injury

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Species: \_\_\_\_\_

Phone: \_\_\_\_\_

Breed: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Sex:  Male  Female

Spayed/Neutered:  Yes  No

Please explain the reason for bringing your pet in today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History:

What is your pet's current diet (including treats, etc.)? \_\_\_\_\_

Please indicate whether your pet lives: Inside only  Both inside and outside

Is your pet current on Flea Preventative?  Yes  No

If so, what brand and how often is it administered: \_\_\_\_\_

Is your pet current on Heartworm Preventative?  Yes  No

If so, what brand and how often is it administered: \_\_\_\_\_

Is your pet on any medications?  No  Yes If yes, please provide dosage and administration.

\_\_\_\_\_  
\_\_\_\_\_

Have you noticed your pet having any of the following problems? Please check all that apply.

Straining to urinate

Coughing

Diarrhea

Lethargy

Constipation

Pain/Stiffness

Scooting

Limping

Vomiting

Shaking Head

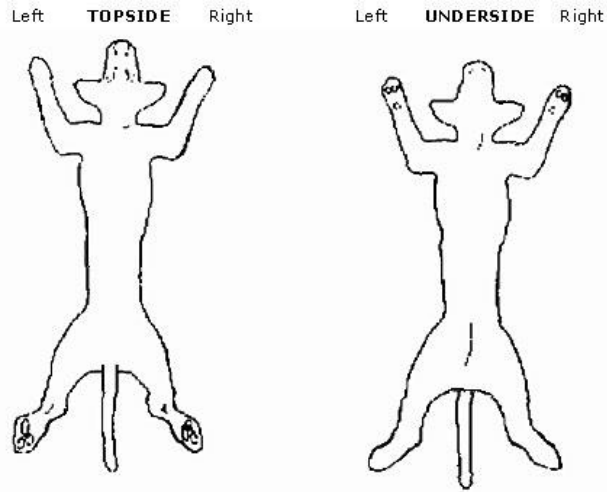
Decreased Appetite

Itching/Hair Loss

Increased Thirst/Urination

Weight Loss or Gain

Lumps or Bumps (please draw where they are located on your pet)



Please describe any other issues: \_\_\_\_\_

\_\_\_\_\_

When did you first notice these symptoms? \_\_\_\_\_

\_\_\_\_\_

Please note that payment is expected at the time of service or at the release of pet. Unless otherwise directed, the veterinarian will take any and all appropriate actions he or she deems necessary for the health of your pet, including, administering medications and vaccinations. By signing below, you agree to the above terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_