

DROP-OFF FORM

					DATE:				
Patient Information				Client Information					
Patient Name:				Client Name:					
DOG/CAT:	AGE:	Weight:		Client Contact #:					
Special Notes: (i.e. aggressive, has seizures, does not like picture taken, etc.):				Alt Contact:					
Reason for visit (<i>Circle all that apply</i>):				WELLNESS	SICK	RECHECK	SEDATION	X-RAYS	OTHER
Symptoms Presented:									
Previous or ongoing concerns:									
When did symptoms start?									
Since problem was first noticed, are symptoms? (circle one) Improving Worsening Staying the same									
Is Pet Eating?				Abnormal?					
Is Pet Drinking?				Abnormal?					
Is Pet Urinating?				Abnormal?					
Is Pet Defecating?				Abnormal?					
Is Pet Vomiting?				How Often?					
Is Pet Sneezing?				How Often?					
Is Pet Coughing?				How Often?					
Is Pet Lethargic?				How Often?					
Is pet currently on Heartworm Prevention?		Y / N	Product:		Last Given:				
Is pet currently on Flea Prevention?		Y / N	Product:		Last Given:				
Is pet on any current medications? (List any pain meds, antibiotics, heart meds, seizure meds, suppliments, etc.):									
Type of food is pet on?				1x Daily	2x Daily	3x Daily	Free Feeds		
Any special treats or dietary requirements?									
Is pet current on vaccines?		YES	NO	NOT SURE		NEEDS TODAY:			
Circle vaccines needed today?		Rabies	DHPP	FVRCP	Bordetella	Lepto	FeLV	Flu	
Pre-Approved Services: -Please Circle all services approved if needed for diagnosis-									
Y / N	Exam	\$40		Y / N	Fecal Exam	\$25			
Y / N	Sedation	\$75		Y / N	Heartworm Test	\$25			
Y / N	X-Rays	\$120		Y / N	FeLV/FIV Combo Test	\$35			
Y / N	Basic Bloodwork	\$80		Y / N	Deworming	\$10-20			
Y / N	Extensive Bloodwork	\$180		Y / N	Hw/Flea Prevention	\$10-20			
Y / N	Urinalysis	\$40		Y / N	Other:				

Client Signature: _____

Receptionist: _____ Technician: _____ Doctor: _____