

**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 &amp; time): \_\_\_\_\_

Vitamins &amp; 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 \$100+) Yes No Call First

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

For dogs, may we run a Heartworm Test (Cost \$35) Yes No Call First

For cats, may we run a Leukemia &amp; Aids Test (Cost \$46) 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**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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