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-	•
	DROP OFF

## DROP OFF INFORMATION Date: \_\_\_\_\_

Client	Patient				
Numbers Where I Can B	e Reached:				
Presenting Concern:					
Is this the first time this p	problem has occurr	red? Yes	s No, L	ast occur	rence
My pet is: Indoor	Only	Indoor/	Outdoor		Outdoor Only
When was the last time y Time					
Medications your pet is o	on (name, dosage &	& time):_			
Vitamins & supplements	your pet is on:				
Last dose of Heartworm	Preventative given	on:			
May we sedate/anesthetiz	ze your pet if neces	ssary?	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 I	Heartworm Test (C	Cost \$35)	Yes	No	Call First
For cats, may we run a L	eukemia & Aids T	est (Cost	\$46) Ye	s No	Call First
In addition to the above care is \$	_	ximum to	spend if	my pet r	needs additional
Vaccinations Needed:	DA2PP FVRCP	Rattlesr FELV	nake	BORD FLU	Rabies
I understand my pet wi found on my pet.		leas &/or	ticks at	my expe	nse if they are
Please feel free to writhis form.	te any additiona	al notes o	or infor	mation (	on the back of
Signed by owner or age	ent:				
PRINT NAME					

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