

**DROP OFF FORM**

Date: _____

Client _____ Patient _____

Numbers Where I Can Be Reached: _____**Presenting Concern:** _____**Is this the first time this problem has occurred?** Yes No, Last occurrence _____**Please feel free to write any additional notes or information on the back of this form.****My pet is:** Indoor Only Indoor/Outdoor Outdoor Only

When was the last time your pet ate (food, treats, and table food included)?

Time: _____ Amount: _____

Food Brand: _____

Change in brand or new treats? Yes No

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

Vitamins & Supplements: _____

Last dose of Heartworm Prevention brand and given on: _____

Last dose of Flea and Tick prevention brand and given on: _____

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

May we x-ray your pet if necessary? (Cost \$160+) Yes No Call First

May do bloodwork? (Cost \$170+) Yes No Call First

May we run a urinalysis? (Cost \$34) Yes No Call First

May we run a fecal? (Cost \$36) Yes No Call First

May we perform a cytology (ear or skin)? (\$35) Yes No Call First

For dogs, may we run a Heartworm Test? (Cost \$38) Yes No Call First

For cats, may we run a Leukemia & Aids Test? (Cost \$48.50) Yes No Call First

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

Vaccinations Needed: DA2PP LEPTO BORD FLU Rattlesnake
Rabies FVRCP FELV**I understand my pet will be treated for fleas&/or ticks at my expense if they are found on my pet.**
_____ (Initial Here)**Initial here if we may use your pet on social media.** _____**Signed by owner or agent** _____**PRINT NAME** _____