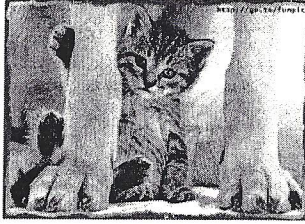


**HILL COUNTRY VETERINARY HOSPITAL PATIENT  
DROP OFF FORM**



Today's Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_

All pets must be verified or current on vaccines, to include Bordetella , when being dropped off at our facility. If your pet is not current the vaccine(s) will be administered. \_\_\_\_\_

Phone number where I can be reached today?

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Has your pet eaten this morning: Y or N What time: \_\_\_\_\_

Has your pet been given any medication(s) today? Y or N

If medication given what time: \_\_\_\_\_ Dosage \_\_\_\_\_

Name of medication? \_\_\_\_\_

Reason for drop off: (Please circle one of the following)

Routine Care   K9 or Feline Annual   Surgery   Other

Describe problem: \_\_\_\_\_

Problems/Symptoms:

Vomiting   Y or N   Is there any blood?   Y or N

Diarrhea   Y or N   Is there any blood?   Y or N

Lethargic   Y or N

Eating   Y or N

Drinking   Y or N

Blood work and other tests may be necessary to diagnose your pet's problem. Should your pet need blood work or other procedures deemed necessary by the veterinarian, the doctor should:

\_\_\_\_\_ Proceed with what the doctor deems necessary to diagnose or treat the patient.

\_\_\_\_\_ Only do the exam until I can be reached to approve other treatment.

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