

DROP OFF INFORMATION SHEET

Animal's Name	Date
Client's Name	
Phone number to reach you today:1st#	2nd#
Do you have a number that accepts text messages?	
Has your pet eaten today?	
Is your pet taking any medications?	Name of medication:
Has your pet had any medication today?	How much/at what time?
What symptoms is your pet having?	
How long have these symptoms been occurring?	
Any Vomiting?	If yes, bile or food?
Diarrhea?	If yes, consistency?
Coughing or Sneezing?	Weight Loss?
In the event your pet needs antibiotics please circle the form you would prefer:	
pills	liquid
single injection at a higher cost	
Appetite:	normal decreased increased
Water Consumption:	normal decreased increased
Frequency of Urination:	normal decreased increased
<p>After examination, bloodwork (\$120-250) or Xrays (\$235-\$310) may be indicated.</p> <p>Sedation may also be necessary. If bloodwork and/or Xrays are necessary,</p> <p style="text-align: center;">I give permission to go ahead_____</p> <p style="text-align: center;">OR Contact me first at the phone number above_____</p> <p>If sedation is necessary, I give permission to go ahead _____</p> <p style="text-align: center;">OR Contact me first at the phone number above_____</p>	

THANK YOU!