

Drop-Off Form

Please answer the following questions to the best of your knowledge.

Client/Pet Information

- Your name: _____ Your pet's name: _____
- How would you like to be contacted today? (please provide phone number(s) or email address): _____

Presenting Issues/Requests

- Why are you dropping your pet off with us today? (please list all concerns that you may have): _____
- Do you have any additional service requests? (nail trim, anal glands, medication refills, etc): _____

Pet History

- *To your knowledge, is your pet up-to-date on all vaccines? Unknown Yes No
 - If not, what vaccines are due today?
 - Cat: Unknown Rabies FVRCP FeLV
 - Dog: Unknown Rabies DHPP Leptospirosis Bordetella
 - Other vaccines (lyme, influenza, etc): _____
- Have you noticed any changes in the following recently?:
 - Appetite: Normal Increased Decreased
 - Thirst: Normal Increased Decreased
 - Urination: Normal Abnormal Increased
 - Poop: Normal Abnormal...stool consistency: _____
 - Behavior/energy level: Normal Abnormal
 - Please explain any above listed abnormalities/changes: _____
- Is your pet: Indoor, Outdoor, or Both
- Does your pet have a history of any medical issues or disease of which we should be aware?: No Yes
 - If yes, please explain: _____

Medications/Food

- What food brand/type does your pet eat?: _____
 - Have you changed diets recently? No Yes. If yes, when did this change occur?: _____
- **Is your pet currently on any regular medication(s)? (include heartworm and flea/tick preventative): No Yes
 - If yes, please list the medication(s) and date/time of the last dose: _____

Please Read and Initial/Sign

____(Initial) *I understand that for my pet's safety and all other patients' and staff's safety, ALL pets must be up-to-date on the following vaccines/tests: *Dogs- Rabies, DHPP, Bordetella, Heartworm test within the last year. Cats- Rabies, FVRCP, FIV/FeLV test sometime during his/her lifetime.*

____(Initial) *I understand that ALL pets that receive a Rabies vaccine or ANY puppy/kitten vaccines do require an examination by a doctor.

____(Initial) **I understand that to prevent spread of parasites in the hospital, any pets with visible fleas will be treated with Capstar, a 24-hour oral flea deterrent (\$7).

____(Initial) In the event of a life-threatening emergency, I approve / do not approve life-saving treatments and/or resuscitation.

(Please sign) I agree to pay for ALL services provided today: _____ Date: _____