

# 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: \_\_\_\_\_**