

Patient Drop Off Form

Client Name: _____ Patient name: _____

Where can we reach you today? _____

Do you have a preferred pick-up time? _____

*****Please note, we will do our best to accommodate but there may be times this is unattainable. We will call you once your pet is ready to go home.**

Please check which type of medication(s) is easiest for you to administer to your pet:

_____ Tablets _____ Capsules _____ Liquid _____ Injections (given by staff)

Please check all the symptoms you have noticed, even if not the reason for today's visit:

Lethargic: _____ Yes _____ No	Limping: _____ Yes _____ No
Vomiting: _____ Yes _____ No	Diarrhea: _____ Yes _____ No
Eating less: _____ Yes _____ No	Eating more: _____ Yes _____ No
Drinking less: _____ Yes _____ No	Drinking more: _____ Yes _____ No
Urinating less: _____ Yes _____ No	Urinating more: _____ Yes _____ No
Defecating less: _____ Yes _____ No	Defecating more: _____ Yes _____ No
Shaking head: _____ Yes _____ No	Licking paws: _____ Yes _____ No
Scotting: _____ Yes _____ No	Itchy: _____ Yes _____ No
Eye discharge: _____ Yes _____ No	Nasal discharge: _____ Yes _____ No
Coughing: _____ Yes _____ No	Sneezing: _____ Yes _____ No

Please explain in more detail why we are seeing your pet today:

Please initial below to indicate how you would like us to proceed today

_____ I approve up to \$_____ for today's services. If the total is over this amount, please call before proceeding.

_____ Please call to discuss all recommendations/costs before proceeding.

Signature: _____ Date: _____