



Drop-Off Form

The information requested here will tell us the things you want us to do for your pet. It is the only way we can be certain we understand what you want. Therefore, it is **very important** for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you!

Owner's Name

Date

Your Address

Pet's Name

Breed

Sex

Age

Phone Number where we can reach you today:

Is your pet well?

Is your pet sick?

Check the things we should do for your pet today:

Vaccinations

- All Needed
- DHLP & Parvo (Dogs)
- Corona Virus (Dogs)
- Tracheobronchitis (Dogs)
- Lyme Disease (Dogs)
- Rabies (All pets)
- FVRC (Cats)
- Leukemia & FIP (Cats)
- CF/RHINO (Cats)
- Other:

Tests & Services

- Physical Exam
- Internal Parasite Exam
- Deworm if necessary Feline
- Leukemia Test (Cats)
- Heartworm Test (Dogs) Bath/
- Dip
- Dentistry
- Surgery (please list):

Surgery and Dentistry may require sedation or anesthesia.

May we sedate/anesthetize your pet if necessary?	Yes	No	Call me first
For other procedures?	Yes	No	Call me first

History

If your pet is not well, please check the sign you have noticed:

Vomiting	How Long?	Sneezing	How Long?	Limping On Leg
Diarrhea	How Long?	Gagging	How Long?	All of the time?
Listless	How Long?	Scratching	How Long?	Part of the time?
No Appetite	How Long?	Shaking Head	How Long?	
Weakness	How Long?	Scotting	How Long?	
Coughing	How Long?			

Please add anything else we need to know or do:

Signature:

Are you the owner? Yes No

This gives us permission to follow your instructions. Please call the office by 11 AM to check on the progress and in case we have not been able to get in touch with you if needed.