

**DROP OFF FORM**

Date \_\_\_\_\_ How will you be paying today?    Cash    Check    Credit card

The information requested tells us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore it is VERY IMPORTANT for you to be as specific as possible. If we need additional information we will need to contact you, so please be sure to leave us a number to reach you at today.

Thank you

Owners Name \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex:    Male    or    Female                      Age \_\_\_\_\_

**Φ PHONE NUMBER WE CAN REACH YOU AT TODAY** \_\_\_\_\_

Is your pet :    Hurt \_\_\_\_\_                      or                      Sick \_\_\_\_\_

**Y** What is your pet doing?

- |                           |                    |
|---------------------------|--------------------|
| _____ Vomiting?           | For how long _____ |
| _____ Diarrhea?           | For how long _____ |
| _____ No Energy?          | For how long _____ |
| _____ Not Eating?         | For how long _____ |
| _____ Coughing/Sneezing?  | For how long _____ |
| _____ Scratching/Licking? | For how long _____ |
| _____ Shaking head?       | For how long _____ |
| _____ Limping?            | For how long _____ |
|                           | Which leg _____    |

If we need to sedate your pet, do we have permission to do so, Yes or No, or do we need to call first? If so at what number \_\_\_\_\_

Has your pet eaten today?    Yes    or    No

If there is any other information that you feel the Doctor needs to know, please tell us.

\_\_\_\_\_  
\_\_\_\_\_

Your Signature \_\_\_\_\_

(This gives us permission to treat your pet as needed)

