



DROP OFF SHEET

Your Name: _____

Today's Date: _____

Your Pet's Name: _____

Why he/she is here: _____

We have arranged for you to leave your pet here today to allow our doctors to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

Everything was okay with my pet until _____. Since then, _____

My pet is lethargic _____

My pet is INDOOR ONLY / INDOOR-OUTDOOR / OUTDOOR ONLY

APPETITE NORMAL POOR EXCESSIVE

When did your pet eat last? _____

WATER INTAKE NORMAL POOR EXCESSIVE

URINATION NORMAL STRAINING MORE FREQUENT

STOOL NORMAL WATERY/SOFT CONSTIPATED DIARRHEA

ANY GARBAGE/PLANT EXPOSURE? _____
 RECENT DIET CHANGE? _____

VOMITING NONE YES IF YES, WHAT COLOR _____

SKIN NORMAL ITCHY HOT SPOTS LUMPS/WARTS

EYES NORMAL RUNNY GOOPY SQUINTY

EARS NORMAL SMELLY HAIRY

SEIZURE NO HISTORY FIRST TIME EPILEPTIC

Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem. _____

PLEASE LIST ANY ADDITIONAL PROBLEMS: _____

LIST ALL MEDICATIONS OR SUPPLEMENTS YOUR PET IS RECEIVING AND IN WHAT DOSAGE

Please note that your pet will not be ready to go before 4:00p.m. unless otherwise advised by a doctor. A staff member or doctor will call later this morning to tell you what time you can expect your pet to be ready.

Signature

Date: _____

Phone: _____

Alt. Phone: _____