



# Medical Drop Off Form

Client Name: \_\_\_\_\_ Best phone number today : \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Current Medication(s): \_\_\_\_\_ Given today? Y/N At what time? \_\_\_\_\_

Allergic to any medication or history of a vaccine reaction? \_\_\_\_\_

Appetite: (circle one) Normal/Increased/Decreased/Other: \_\_\_\_\_

Urination: (circle one) Normal/Increased/Decreased/Other: \_\_\_\_\_

Stool: (circle one) Normal/Increased/Decreased/Other: \_\_\_\_\_

**Choose one of the following:**

\_\_\_ My pet is here for:  Annual Exam  Bloodwork (please specify) \_\_\_\_\_

X-rays (please specify) \_\_\_\_\_

\_\_\_ My pet is here for a recheck (please specify): \_\_\_\_\_

\_\_\_ My pet is unwell, my main concern is: \_\_\_\_\_

How long has this condition been of concern? \_\_\_\_\_

Please list any additional symptoms: \_\_\_\_\_

If needed to facilitate the proper diagnosis of your pet, please initial and authorize or decline the following services:

\_\_\_ Bloodwork if needed  YES  NO

\_\_\_ Urinalysis if needed  YES  NO

\_\_\_ X-rays if needed  YES  NO

**Additional Services:**

Ear cleaning  Nail Trim  Bath  Anal gland expression  Other: \_\_\_\_\_

I have answered all of the questions to the best of my ability and agree to pay the above diagnostics if needed.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_