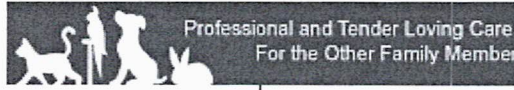


ALL PETS HOSPITAL DROP-OFF INFORMATION



Date: _____

Pet's Name: _____

Owner's Name: _____

Contact #: _____

Reason for Visit:

If your pet is here for vaccines, is there a previous clinic we need to contact for any previous history?

YES NO (If yes, what is the name of the clinic?)

If this is a feline patient, does he/she go outside, have contact with other cats, &/or frequently get into fights? YES NO

Is he/she ever been tested or vaccinated for feline leukemia or FIV? YES NO

Has your pet shown any sign of the following?

- 1.) Lethargy YES/NO
- 2.) Vomiting YES/NO
- 3.) Diarrhea YES/NO
- 4.) Coughing YES/NO
- 5.) Limping YES/NO
- 6.) Itching/Scratching YES/NO
- 7.) Sneezing YES/NO

Has your pet experienced:

Increase in water intake? _____

Decrease in water intake? _____

Increase in appetite? _____

Decrease in appetite? _____

Increase in weight? _____

Decrease in weight? _____

If the doctor deems it necessary, do we have permission to:

Run blood work? (\$168-\$220) YES NO

Perform Radiographs? (\$163) YES NO

What diet do you feed your pet?

How much and how often?

Any treats? If so, what kind?

Has your pet eaten this morning?

Is your pet current on heartworm and flea prevention? YES NO

Which type(s)? _____

Is there any history of vaccine reactions?
YES NO

Has there been any reaction to medications?
YES NO

Has there been any reaction to anesthesia or sedation? YES NO

Is your pet currently on any medications? YES NO

If yes, please provide type and dosages:

