



General Drop off

Owner Name: _____ **Client Number:** _____

Patient Name: _____ **Breed:** _____ **Age:** _____ **Sex:** _____

Drop Off Reason: _____

What medications is your pet currently taking and when was the last time it was given? Refills?

Is there a change in activity level?

When did your pet last eat? Any changes to appetite or drinking?

Any changes with urination or bowel movements?

Has your pet been recently boarded or around other/new pets?

Any known allergies or reactions to vaccines or medications?

After examination by the doctor, may we proceed with tests/treatment?

Yes Please call first

Best contact person and number(s) for today:

Preferred pick up time:

I have indicated my wishes for either CPR or DNR (do not resuscitate).

Please treat my pet accordingly until I can be reached.

Signature
