

Northwood Animal Hospital, PC

507 Eastchester Drive

High Point, NC 27262

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DROP OFF INFORMATION FORM:

Name of Pet: _____ Date: _____

Pet is (Check one): Mostly Outdoor _____ Outdoor/Indoor _____ Mainly Indoor _____

Medications your pet is currently taking: _____

How often? _____

Reason for Drop Off/ What is the concern/ Problem:

How long has the problem been present? _____

Has your pet had this problem in the past? _____ **If so, When?** _____

How did your pet respond to previous treatment (Check one) Much Improvement _____

Some Improvement _____ No Improvement _____

Has your pet had any of the following (Check all that apply): Vomiting _____ Diarrhea _____

Loss of Appetite _____ Coughing _____ Sneezing _____

Change in Water consumption _____ Change in Urine Pattern _____ Itching _____

If marked, please explain:

PHONE NUMBERS WHERE YOU CAN BE REACHED: _____

****Drop Off Services at times require, blood work, X-Rays, and possible Hospitalization, in such cases prices could vary, please always ask our Medical team if in doubt about any charges****

****Drop Off Services at times requires for the patient to be released towards the end of the business day (5 PM – 6 PM) regardless of the time of intake****

****Drop Off Services requires at times for a 50% to 75% Down Payment at the time of Drop Off, see Management for more details****

Signature of the Agent for the Pet(s): _____