Northwood Animal Hospital, PC

507 Eastchester Drive
High Point, NC 27262
Tel- 336-887-2606 Fax- 336-887-2608
www.northwoodah.com frontdesk@northwoodah.com

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 initial if you OK these items if needed without calling ____ call me first _____**

****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):_____