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Pet Drop Off Information

Client's Name: _____ Pet's Name: _____ Date: _____

1. Phone Number(s) to reach you today: #1: _____ circle one: home / cell / work
 #2: _____ circle one: home / cell / work
 #3: _____ circle one: home / cell / work

2. Has your pet been seen by us before? YES NO (If not, please fill out a client registration form)

3. When did your pet last eat? _____

4. What medications (if any) has your pet received in the last 24 hours?

Name(s): _____

Approx. Time Given: _____

5. Is your pet sensitive or allergic to any medication or food? NO YES, please explain:

Description: _____ Date: _____

6. Has your pet been vaccinated in the last 12 months? NO YES, please check the following:

DA2P

Rabies

FVRCP

Feline Leukemia

7. Please describe the problem(s) your pet is having, pertinent history, previous major medical problems and what concerns you have:

8. How long ago did symptoms first occur? _____

9. Vomiting? NO YES, Describe: _____

10. Diarrhea? NO YES Blood in Stool? NO YES Mucous in Stool? NO YES

11. Increase in water intake or urination? NO YES

12. Any change in attitude or appetite? NO YES, explain: _____

13. Lameness? NO YES, if yes: Which leg? _____ Daily OR On and Off? _____

Any patterns to time of day or activity? _____

14. IS THE PROBLEM GETTING BETTER, WORSE or THE SAME? _____

15. Would you like us to:

a. Treat your pet after examination*

b. Call you prior to treating your pet with the findings of the exam and an estimate of treatment cost

***Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to initiating any treatments.**

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostic, treatment, or surgery, I authorize the veterinarian(s) at the hospital, and their supporting staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signature: _____ Date: _____

Is there anything else you need while you are here today?

Food

Frontline

Nail Trim

Bath

Dental Cleaning Products

Vitamins

Heartgard

Advantage

Shampoo

Pill Pockets

Treat/Chews

Medication: _____