

## DROP OFF INFORMATION SHEET

Animal's Name	Date		
Client's Name			
Phone number to reach you today:1st#	2nd#		
Has your pet eaten today?			
Is your pet taking any medications?	Name of medication:		
Has your pet had any medication today?	How much/at what time?		
What symptoms is your pet having?			
How long have these symptoms been occurring?			
Any Vomiting?	If yes, bile or food?		
Diarrhea?	If yes, consistency?		
Coughing or Sneezing?	Weight Loss?		
In the event your pet needs antibiotics please circle the form you would prefer:			
<b>pills</b>	<b>liquid</b>	<b>single injection at a higher cost</b>	
Appetite:	normal	decreased	increased
Water Consumption:	normal	decreased	increased
Frequency of Urination:	normal	decreased	increased
<p>After examination, bloodwork (\$120-250) or Xrays (\$235) may be indicated. Sedation may also be necessary. If bloodwork and/or Xrays are necessary,</p> <p style="text-align: center;">I give permission to go ahead_____</p> <p style="text-align: center;">OR      Contact me first at the phone number above_____</p> <p>If sedation is necessary, I give permission to go ahead _____</p> <p style="text-align: center;">OR      Contact me first at the phone number above_____</p>			

THANK YOU!