

Illness Drop-off Form

Date _____ Time _____

Pet Name _____ Client Name _____

1. Nature of illness or symptoms which you noticed: _____

2. When did the problem begin? _____

3. Is this a new or recurrent problem? _____

4. Appetite _____ Drinking _____

Bowels _____ Urination _____

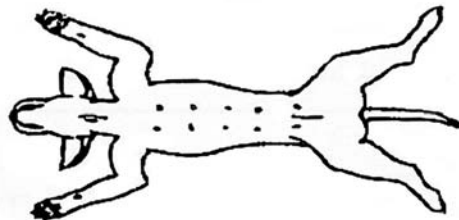
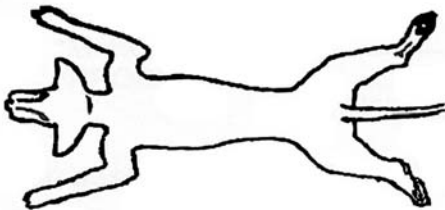
Vomiting _____ Activity Level _____

What food do you use? _____

5. Current medication / dosage / duration: _____

6. Are there any "lumps" or lesions for the doctor to check? _____

Where?



7. Before we contact you, may we perform the minimum tests indicated to accurately diagnose the problem? Yes No

8. Number at which you may be reached today: () - _____

9. VACCINATIONS: Proof of current vaccination is required at time of drop-off.

Note: There may be a fee for hospitalization while your pet is here for a examination, tests, or treatments.

Signature _____ Date ____ / ____ / ____