Patient Drop Off History Form

Today's Date _____

Owner name _____ Pet's name _____

We will need to be able to contact you or someone with permission to make medical and financial decisions.
Who will we be speaking with? _____

1st choice phone number _____

2nd choice phone number _____

Reason for visit: _____

_____

Vaccines: Check all that you would like done-

Dog _____Rabies*

_____DHPP*

_____Bordetella*

_____K-9 Influenza*

_____Leptospirosis

_____Lyme

Cat _____Rabies*

_____FVRCP*

_____Feline Leukemia

*** Required for grooming/boarding**

Testing: _____Fecal

_____Heartworm/Lyme/Ehrlichia/Anaplasma test (dogs only)

_____Feline Leukemia/FIV/Feline Heartworm (cats only)

Other bloodwork: _____

Other services: Are there any other services that you would like done while your pet is here today?

_____Anal gland expression _____Nail trim _____Microchip

_____Bath _____Soft Paws Application

What diet is your pet eating? _____
When did your pet last eat? _____
Has your pet ever had an adverse reaction to any vaccines or any procedure? _____
If yes, please describe _____
What heartworm preventative is your pet on? _____
What flea/tick preventative is your pet on? _____
Do you need a refill on any of your preventative mediations? _____

Please list any medication that your pet is taking:

Medication	Dosage/Frequency	When last dose was given

Have you noticed any changes or do you have any concerns about any of the following in your pet?

____Eating more/Less ____drinking more/less ____Bad Breath

____Weight gain ____Weight loss ____Urinating more/less

____Vomiting ____diarrhea ____Itching/Scratching

____Difficulty rising ____Scooting rear ____Shaking head

____Masses ____Hair loss ____Limping

____Other_____

Please describe what you have been seeing- include how long you have noticed the concern and how it has progressed over time. How frequently is it happening?

_____

_____

_____

_____

_____

Is this the first time you've noticed this issue? _____

_____

_____

Have you tried any treatment? Did it help? _____

_____

_____