

DEL RAY ANIMAL HOSPITAL DROP-OFF FORM

OWNER'S NAME: _____ DATE: _____

ANIMAL'S NAME: _____ PHONE: _____

NUMBER WHERE YOU CAN BE REACHED TODAY: _____

OTHER PERSON TO CONTACT IF YOU CAN NOT BE REACHED: _____

Since you will not be staying for today's exam, please take a moment to give the Doctor some information about your pet's condition.

Reason for being dropped off:

Primary symptoms:

Vomiting _____ Diarrhea _____ Lethargy _____

Itchy skin _____ Itchy ears _____ Other _____

If other, please describe: _____

Frequency of symptoms: _____ times a day/week. And for how long? _____

Is your pet eating? yes _____ no _____

Other details of illness: _____

Do you wish to be called before treating? _____ before sedating? _____

Please provide the following information about your pet's history, unless we already have it in our records.

Date of your dog's heartworm test: _____ type of preventative: _____

Has your cat been tested for feline leukemia? _____ leukemia vaccinated? _____

Is your cat: exclusively indoor _____ primarily indoor _____
indoor/outdoor _____ exclusively outdoor _____

Date of last Rabies vaccine: _____ Place given: _____

Would you like an estimate of charges before treatment? _____

A nominal drop-off fee will be added to charges.

A doctor or technician will speak to you upon pet release.

Payment must be made at time of patient discharge.

Signature _____ Date _____