

Del Ray Animal Hospital Drop-Off Form

Owner's Name: _____ Animal's Name: _____

Date: _____ Best contact phone number for today: _____

Alternative point of contact if you cannot 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.

Primary concern: _____

Symptoms: Vomiting _____ Diarrhea _____ Lethargy _____ Other _____

Not eating _____ Not drinking _____ Coughing _____ Itchy skin _____ Itchy ears _____

If other, please describe:

Frequency of symptoms: _____ times per day/week For how long? _____

Is your pet eating and drinking normally? Yes _____ or No _____

Any other details of illness? _____

Do you wish to be called prior to treatment? _____ Before sedating? _____

Would you like an estimate of charges prior to treatment? _____

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

Dates of your dog's last: Heartworm test: _____ Type of preventative: _____

Has your cat been tested for Feline Leukemia/Feline Aids (FeLV/FIV): _____

Is your cat: Strictly indoor ___ Primarily indoor ___ Indoor/outdoor ___ Strictly outdoor ___

Date of your pet's last Rabies vaccine: _____ Place administered: _____

A nominal drop-off fee will be added to charges. A doctor or technician will speak to you upon pet's release. Payment must be made at the time of patient's discharge.

Signature: _____ Date: _____