

# PATIENT DROP OFF

Client # \_\_\_\_\_

Date: \_\_\_\_\_ Client: \_\_\_\_\_ Pet: \_\_\_\_\_

Phone number to be reached: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Doctor: \_\_\_\_\_

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**Reason for visit:** \_\_\_\_\_

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**Other pertinent information.**

Appetite: N ( ) ABN ( )

Stool: N ( ) ABN ( )

Water Intake: N ( ) ABN ( )

Vomiting? N ( ) ABN ( )

Urination: N ( ) ABN ( )

Lame? N ( ) ABN ( )

Medications pet is currently taking: \_\_\_\_\_

If procedures are needed besides an exam in order to accurately diagnose the pet's illness:

Blood workup (\$55-\$63) Call \_\_\_\_\_ Proceed \_\_\_\_\_

Xrays (\$55-\$95) Call \_\_\_\_\_ Proceed \_\_\_\_\_

Sedation (\$40-\$50) Call \_\_\_\_\_ Proceed \_\_\_\_\_

Owner (or responsible party) signature \_\_\_\_\_

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