

**ILLNESS
DROP-OFF FORM**

DATE: _____ **TIME:** _____

Client Name: _____

Pet's Name: _____

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

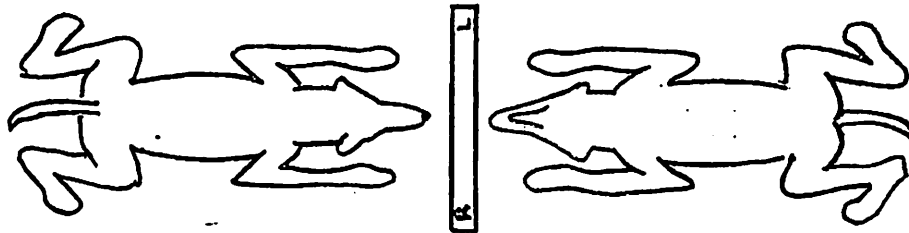
2. When did the problem begin? _____

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. If tests are needed/recommended, we will call or fax you with an estimate.
What number would you like to be called or faxed at? _____
What number can you be reached at throughout the day? _____

8. Vaccinations: Is your pet current? _____ **If not, would you like your pet to have a vaccine evaluation?** _____

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

Signature _____