LOOP 363 ANIMAL HOSPITAL

DROP OFF FORM

(SICK OR INJURED)

Reception Only

Client: _____ **Patient:** _____

Procedure(s):_____

	Canine:		Feline:
Rabies Due	_____	**Rabies Due**	_____
DAP Due	_____	**FVRCP Due**	_____
Bordetella Due	_____		

Client Only

What number can we reach you at today? _____

Reason For Visit _____ **Duration**_____

I WOULD LIKE TO BE CALLED WITH AN ESTIMATE BEFORE SERVICES ARE PERFORMED ☐

I DO NOT NEED AN ESTIMATE BEFORE SERVICES ARE PERFORMED ON MY PET ☐

*TO HELP US BETTER EVALUATE YOUR PET IN YOUR ABSENCE, PLEASE ANSWER THE FOLLOWING: (PLEASE CIRCLE AN ANSWER FOR **ALL** QUESTONS)*

Appetite	Normal	Increase	Decrease	None	
Water Intake	Normal	**Increase**	**Decrease**	**None**	
Coughing	No	**Yes**	**Unknown**		
Sneezing	No	**Yes**	**Unknown**		
Vomiting	No	**Yes**	**How Often?**		**Description:**
Diarrhea	No	**Yes**	**How Often?**		**Description:**
Activity	Normal	**Decrease**	**None**		
Listless	No	**Yes**	**Duration:**		
Painful	No	**Yes**	**Where?**		**Unknown**
Lameness	No	**Yes**	**Where?**		**Duration:**
Bleeding	No	**Yes**	**Where?**		**Duration:**
Urination	**Normal**	**Increased**	**Decreased**	**Unknown**	

OFTEN BLOOD WORK AND X-RAYS ARE NECESSARY IN HELPING TO DIAGNOSE WHAT A ROUTINE VISUAL EXAM DOES NOT (PLEASE CIRCLE)

I OKAY BLOOD WORK IF NEEDED **YES** **NO**

I OKAY X-RAYS IF NEEDED **YES** **NO**

REQUIREMENTS FOR DROP-OFFS

1) ALL ANIMALS MUST BE CURRENT ON ALL REQUIRED VACCINATIONS LISTED ABOVE.
2) ALL ANIMALS MUST BE **FREE OF INTERNAL AND EXTERNAL PARASITES** OR THEY WILL BE TREATED AT **OWNERS EXPENSE**. (EX: FLEAS, TICKS, TAPEWORMS etc.)
3) LOOP 363 ANIMAL HOSPITAL HAS MY PERMISSION TO DO WHATEVER NECESSARY SHOULD AN EMERGENCY ARISE.
4) PETS MAY BE PICKED UP BETWEEN 7:30 AM AND 6PM MONDAY- FRIDAY. **NO EXCEPTIONS!!**

BY SIGNING BELOW I AM AUTHORIZING THE TREATMENT OF MY PET AND AM TAKING FULL RESPONSIBILITY FOR THE PAYMENT OF THE SERVICES RENDERED.

Payment will be made by: (please circle) Cash- Check- Visa- Master card- American Express- Discover-Care Credit

Owner's Signature _____ **Date** _____