



## DROP OFF FORM

(PLEASE FILL OUT NEW CLIENT/PATIENT FORM IF YOU HAVE **NOT** BEEN HERE BEFORE)

CLIENT NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PHONE NUMBER WHERE YOU CAN BE CONTACTED TODAY: \_\_\_\_\_

PLEASE EXPLAIN THE CONDITION FOR WHICH YOUR PET(S) NEED TO BE EXAMINED FOR TODAY:

(VOMITING/DIARRHEA – if so, please circle which)

\_\_\_\_\_  
\_\_\_\_\_

WHAT MEDICATIONS IS YOUR PET CURRENTLY ON:

\_\_\_\_\_

ADDITIONAL SERVICES WANTED DONE TODAY: (nail trim, heartworm test, etc.?)

\_\_\_\_\_  
\_\_\_\_\_

BLOODWORK CAN BE DONE FOR \$120 IF NECESSARY:

\_\_\_ YES, can be done without calling first

\_\_\_ NO, please call before doing any bloodwork

X-RAYS CAN BE DONE IF NECESSARY, FOR \$130:

\_\_\_ YES, do x-rays as needed without calling first

\_\_\_ NO, please call before doing any x-rays

I have read the above information and understand that I will be responsible for all charges at the time I pick up my pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## In Take History and Diagnostic Plan

Weight \_\_\_\_\_ Temp. \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

Please initial when checking off items that you have completed.

- Please run: 4DX Plain HWT Triple Test
- Please run bloodwork: canine comp. feline comp. basic
- Other bloodwork: \_\_\_\_\_
- please run fecal: send off float giardia smear parvo
- please collect and run u/a: sedivue strip
- Place IV catheter and start fluids: type/rate: \_\_\_\_\_
- Other send-off test: sample/test: \_\_\_\_\_
- x-rays: abdomen thorax extremity: \_\_\_\_\_ spine
- Ear Cytology: check for mites: +/- Smear Results: \_\_\_\_\_
- Give Vaccinations: Rabies  **Others:** \_\_\_\_\_
- Nail Trim
- send owner with handouts: \_\_\_\_\_
- have first doses of medication been given? \_\_\_\_\_
- Check off when drop off is complete, charges in, records started, and animal is ready to go home.

