

Check In / Drop off Sheet

Your Name _____

Change of address? If yes, please fill in: _____

Phone Number/Mobile: _____ May we text message you (data rates may apply)? Y N

Pet's Name: _____ Age: _____ Color: _____

Purpose of your visit? (Please describe)

Vaccines Canine	Vaccine Feline	Pre-Approved Services
Rabies (1/3 yr):	Rabies (1/3 yr):	
DHPPC:	FVRCP:	
Bordetella:	FELV:	
Fecal:	Fecal:	
Heartworm 4Dx:	Triple Test:	
Lepto:	Additional:	

If CANINE – Does your pet go to dog parks, grooming and/or boarding facilities? _____

If FELINE – Is your cat?: Indoor only Outdoor only Both (Circle one)

Please (Circle) your answer. Please explain where necessary. Use back sheet as required.

- Is your pet on any medications? Yes No Please use back sheet to list (with frequency) for medications.
- Has your pet had any coughing within last 7 days? Yes No If so, for how long? _____
- Has your pet had any sneezing within last 7 days? Yes No If so, for how long? _____
How frequently? _____ Any visible discharge? _____
- Have you noticed any change in water intake/drinking? Yes No If so, is it more or less? _____
- Have you noticed any change in appetite? Yes No When did you notice? _____ More or less? _____
- Has your pet vomited within last 7 days? Yes No When did you notice? _____
What was vomited? Bile? Food? Grass? Other? _____ How many times a day? _____
Is your pet given any human food? _____ Does your pet have access to the trash? _____
- Has your pet's activity changed? Yes No When and what has changed? _____
- Has your pet's urination changed? Yes No When and what has changed? _____
- Has you pet had diarrhea or loose stools? Yes No If so, for how long? _____ Times per day? _____
Can you please describe it? Watery? Mucous like? Rice like pieces? _____
- Has your pet had difficulty getting up? Walking? Jumping? Yes No Explain _____
- What do you feed your pet? _____ How often? AM? PM? Both? _____
Approximately, how much do you feed each time? _____
- Is your pet on heartworm prevention? Brand? _____ Last given _____
- Is your pet on flea and tick prevention? Brand? _____ Last given? _____
- Do you need to purchase prevention today? Yes No

Do you require a written estimate for **services over \$150** prior to services being rendered? Yes No

If yes, then please provide us a valid e-mail address _____

Signature : _____ Date _____