



DROP-OFF INFORMATION

Please fill out the information below and bring a copy with you when you drop off your pet.

YOUR NAME _____

PET'S NAME _____

Phone number where you can be reached _____

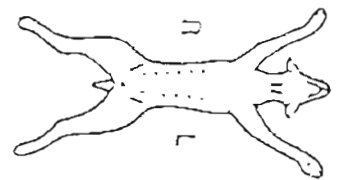
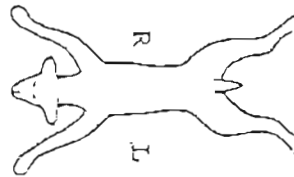
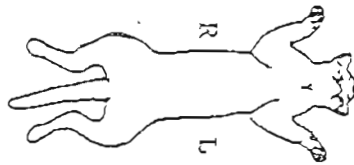
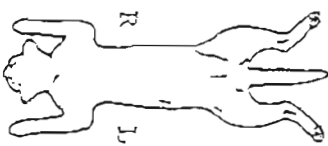
PLEASE DESCRIBE AS BEST YOU CAN WHAT IS WRONG WITH YOUR PET:

Is your pet currently showing any of the following symptoms? (Check all that apply)

- | | | |
|------------------------|------------------|---------------------------------------|
| _____ Vomiting | _____ Limping | _____ Scratching |
| _____ Diarrha | _____ Pain | _____ Sneezing |
| _____ Coughing | _____ Not eating | _____ Lack of energy |
| _____ Increased Thirst | _____ Weakness | _____ Increased urination |
| | _____ New lump | _____ Change in size or color of lump |

When did the problem start? _____

Please circle location of problem on the diagrams below.



Is your pet currently taking any medication? If so, what? _____

What is your pet currently eating? _____

When is the last time your pet ate? _____ Any recent diet changes? _____

Any known toxic exposure? _____ Other pets in family? _____ Are they ok? _____

Any additional information you feel is important _____