

Care More Animal Hospital

Animal Drop Off Form

Date _____ Animal's Name _____

Owner's Name _____

Best Phone Number to Reach You at Today _____

Reason for Visit _____

Any questions or concerns for today? _____

For Sick Pets:

Please describe any symptoms that your pet is showing at home: _____

How long has the problem been going on for? _____

Did anything seem to trigger the problem starting? _____

Has your animal show any difference in eating or behavior habits? _____

Has your pet been lethargic? _____

Has your animal been seen anywhere else for this problem? If yes, please list the clinics name so we can get records. _____

Are there any medications that your pet is on that we do not have records of? _____

Has your animal changed any eating or drinking habits? _____

Any diarrhea, vomiting, coughing, or sneezing? _____

Any discharge from eyes or nose? _____

I Authorize:

Exam (required for sick pet visits): _____ X-Rays*: _____ Bloodwork**: _____

*Please note that if your pet is being dropped off for coughing/vomiting/diarrhea an X-Ray might be required to diagnose the problem.

**Please note that if your pet is lethargic, dehydrated, or overall not acting normal/sick we might need bloodwork to find or eliminate a diagnosis.

If we have any further questions about your pet, we will call you at the number listed above.

If you have not heard from us by 3 p.m. please call us or plan to pick up your pet no later than 5 p.m.

Signature: _____ Date: _____