

# LAKESIDE ANIMAL HOSPITAL

5206 Lakeside Avenue  
Richmond, VA 23228  
(804) 262-8697

Staff Use Only:	
Date:	
Time:	
Staff ID (checked in by)	
Client ID:	
Patient ID:	
Vax Hx Confirmed	
Client Info Updated	

## PATIENT DROP OFF Form

Client (Owner): \_\_\_\_\_  
Pet (Patient): \_\_\_\_\_  
Drop Off Date: \_\_\_\_\_ Desired Pick-Up Time: \_\_\_\_\_

### REASON FOR DROP OFF:

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

#### The following CANINE Vaccines are needed:

- DHLPPC       RABIES       BORDETELLA       LYME

#### The following FELINE Vaccines are needed:

- FDV/FVRCP       RABIES       LEUKEMIA

#### The following LABORATORY TEST are needed:

- FECAL       HEARTWORM       LEUKEMIA/FIV

#### SPECIAL REQUEST(S) WHILE HERE

- Anal Glands Expression       Sanitary Shave  
 Heartworm Prevention      Product?: \_\_\_\_\_  
 Flea Prevention      Product?: \_\_\_\_\_

[Have you missed any prevention treatment months?  No     Yes; how many?: \_\_\_\_\_ ]

- Approve pet to be microchipped at a cost of \$49.50 (client initials): \_\_\_\_\_ or Decline (client initials) \_\_\_\_\_

Please initial next to each item upon review:

\_\_\_\_\_ I understand if my pet is not free of external parasites such as fleas and/or ticks, my pet will be treated appropriately at my expense.

\_\_\_\_\_ I understand my pet must be immunized against rabies, Distemper and Bordatella in order to be hospitalized for any period of time at Lakeside Animal Hospital. Otherwise, my pet will be treated at my expense.

**I HAVE READ THE FOREGOING, UNDERSTAND WHAT IS DESCRIBED, AND AGREE TO ALL TERMS.**

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signer's Name (printed): \_\_\_\_\_

Primary Phone No: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone No.: (\_\_\_\_\_) \_\_\_\_\_