



DROP-OFF FORM

Client (Owner): _____

Pet (Patient): _____

Drop Off Date: _____ Desired Pick Up Time: _____

REASON: _____

When did your pet last eat? _____

Please fill out the following to the best of your knowledge to better assist us:

- Appetite: Normal Increased Decreased
- Drinking: Normal Increased Decreased
- Urination: Normal Increased Decreased
- Bowel Movements: Normal Other: _____

Activity Level: Normal Decreased(describe:) _____

Vomiting: No Yes

Current Medications (dosage, frequency, date/time last given):

Refills needed? No Yes: _____

Notice: Your pet is due for the following vaccines/tests (if you pet is healthy enough for vaccines):

Please **INITIAL** next to each item upon review:

_____ I understand that 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 that my pet must be immunized against rabies, distemper, and bordetella 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 (print): _____

Primary Phone No: () _____ Secondary Phone No.: () _____