



Fasted:
☐ Yes
☐ No

Weight: _____

Drop off Form

Owner/Agent: _____ **Contact Phone:** _____

Rescue Group: _____ **Date:** _____

Pet Name: _____ **Breed:** _____

Color: _____ **Age/ DOB :** _____ **Account Number:** _____

Check one:

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Neutered Male | <input type="checkbox"/> Spayed Female |

Describe what your pet is getting seen for today:

Please Check all that apply*

Vaccinations:

Canine

- ☐ DHLPP
- ☐ Rabies
- ☐ Bordetella
- ☐ Lyme
- ☐ Influenza

Feline

- ☐ FVRCP
- ☐ FeLV
- ☐ Rabies

Blood Work:

- | | |
|---|--|
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> FeLV FIV Test |
| <input type="checkbox"/> CBC | <input type="checkbox"/> Fructosamine |
| <input type="checkbox"/> PreOp Profile | <input type="checkbox"/> T4 |
| <input type="checkbox"/> Other | |

Parasites:

- ☐ Fecal
- ☐ Deworming
- ☐ Heartworm Treatment

Other:

- ☐ Chemo Treatment

My pet is currently on:

Flea/Heartworm Prtative: _____

Brand Food: _____

Medication(s):

Name: _____ Time Given: _____

Name: _____ Time Given: _____

Name: _____ Time Given: _____

Name: _____ Time Given: _____

Signature

Date