

CROSSROADS ANIMAL HOSPITAL
PATIENT DROP-OFF INFORMATION SHEET

Pet Owner's Name _____ Date _____
 Pet's Name _____ Pet's Age _____

- I am presenting my pet for a wellness exam, parasite tests, standard immunizations, or labwork.
- Due for: DHLPPC RABIES BORD LYME FECAL U/A HWO
 BLOODWORK FOR _____
 - Due for: FVRCPC RABIES BORD FIP FLV FECAL U/A
 HWO FLT/FIV BLOODWORK FOR _____

- I am presenting my pet for evaluation of illness, injury, or trauma.
- Symptoms have been present for _____ Hours Days Weeks Months Years.
 - When did your pet last eat? _____ Diet fed? _____
 - On any medications currently? _____ If yes, please list:

| | | |
|------------|------------|-----------------------|
| Name _____ | Dose _____ | When last given _____ |
| Name _____ | Dose _____ | When last given _____ |
| Name _____ | Dose _____ | When last given _____ |
| Name _____ | Dose _____ | When last given _____ |

 - Any allergies? _____ If so, to what? _____

Please circle the appropriate symptoms:

| | | | |
|--------------------|--------------------------|----------------------|---------------|
| Not eating well | Gagging | Not drinking | Eye problem |
| Not eating at all | Diarrhea | Abnormal urination | Ear problem |
| Eating excessively | Constipation | Drinking excessively | Skin problem |
| Vomiting | Lameness (RF LF RR LR) | | Pain in _____ |

Please describe the details of the above symptoms. Any information you share with the doctor may be helpful in diagnosing and treating your companion.

***** To determine a diagnosis and begin treatment, laboratory tests or radiology services may be required. The doctor will call you to discuss these procedures and costs. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible. Please be certain you have noted the best number to reach you in the next few hours.**

Best number from 9 a.m. – 12 noon () _____ 12 – 5 p.m. () _____

I authorize the hospital to expend up to \$ _____ in diagnosis or treatment of my pet as needed. Please call if additional services are required.

Date _____ Signature _____ (Pet Owner or Agent)

Minimum deposit required \$ _____ Deposit Received \$ _____ by _____
 Minimum deposits: Ill Pet \$75.00 Trauma \$100.00 Other \$ _____