



## **DROP-OFF INFORMATION**

Please fill out the information below and bring a copy with you when you drop off your pet.

YOUR NAME \_\_\_\_\_

PET'S NAME \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

PLEASE DESCRIBE AS BEST YOU CAN WHAT IS WRONG WITH YOUR PET:

---

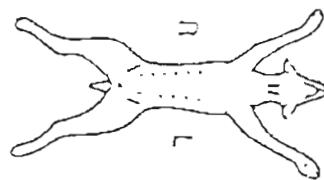
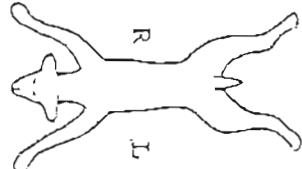
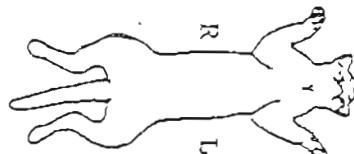
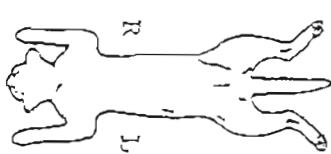
---

Is your pet currently showing any of the following symptoms? (Check all that apply)

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Limping	<input type="checkbox"/> Scratching
<input type="checkbox"/> Diarrha	<input type="checkbox"/> Pain	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Coughing	<input type="checkbox"/> Not eating	<input type="checkbox"/> Lack of energy
<input type="checkbox"/> Increased	<input type="checkbox"/> Weakness	<input type="checkbox"/> Increased urination
<input type="checkbox"/> Thirst	<input type="checkbox"/> New lump	<input type="checkbox"/> Change in size or color of lump

When did the problem start? \_\_\_\_\_

Please circle location of problem on the diagrams below.



Is your pet currently taking any medication? If so, what? \_\_\_\_\_

What is your pet currently eating? \_\_\_\_\_

When is the last time your pet ate? \_\_\_\_\_ Any recent diet changes? \_\_\_\_\_

Any known toxic exposure? \_\_\_\_\_ Other pets in family? \_\_\_\_\_ Are they ok? \_\_\_\_\_

Any additional information you feel is important \_\_\_\_\_