



Appointment Drop-off Form

If dropping off multiple pets, please fill out a separate form for each pet

Date of Exam: _____ Client's Name: _____

Pet's Name: _____ First time patient? Yes* No

***If you checked yes, please fill out the New Patient portion of the form below**

Best phone number to reach me at today: _____

Is there a specific time you need to pick up your pet by? No Yes: _____

Reason for today's visit: _____

Any questions or comments: _____

Please fill out the information below to the best of your knowledge. When checking yes on a question, please briefly explain in the space provided:

History:

Has your pet ever had a **vaccine reaction**? No Yes:

Has your pet ever had an Allergic Reaction to Food or Medication? No Yes:

Any **past surgeries**? No Yes:

Medications:

Is your pet **allergic** to any Medications that you are aware of? No Yes:

Any **medications currently** taking and dosages: No Yes:

Heartworm Prevention? No Yes:

Last Heartworm test? N/A Yes (**Date**):

Flea & Tick Prevention? No Yes (**Type**):

Observations:

Any **coughing or sneezing**? No Yes:

Any **vomiting or diarrhea**? No Yes:

Any **change in appetite or thirst**? No Yes:

Any **observed lumps / bumps**? No Yes:

Any **observed scratching / licking**? No Yes:

Any **observed soreness or stiffness** after resting or exercise? No Yes:

Any **change in outside habits / litter box habits**? No Yes:

Any observed **change in weight**? No Yes:

Any observed **behavior changes**? No Yes:

Diet:

What type food are you feeding?

How much? 1/4 1/3 1/2 3/4 1 1+ (cups)

How Often? (Per day): Free Feeding Frequency 1X 2X 3X or more

New Patient Information:

Species: _____ Breed: _____ Color: _____

Birthdate or Age: _____ Sex: _____ Weight: _____

I give my consent for the attending veterinarian at All Creatures Animal Hospital to examine my pet. I understand that, once giving my authorization for treatment, I will be financially responsible for all services rendered during this visit, which will have to be paid in full before pick up. I acknowledge that my pet will be housed at this facility until treatment is finished or until I pick him/her up and I release All Creatures Animal Hospital from any and all liability and responsibility.

Signature

Date