

Southlake Animal Hospital

Drop Off Form

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Sex:
Color:
Markings:

Telephone:
Birth Date:

Best Number to Contact You Today: _____

Reason for Visit: _____

Is there anything specific that needs examined? _____

Is your pet on any medications? ____ If so, please list each one and the last time it was given.

Do you need an estimate of charges prior to treatment? Yes ____ No ____

How long have you noticed the above listed problems? _____

Does your pet need a prescription refilled? Yes ____ No ____

Please list Rx to be refilled: _____

Does your pet need vaccines? Yes ____ No ____

Does your pet need a heartworm or flea preventative refill? Yes ____ No ____

Have you noticed changes in appetite? ____ water consumption? ____ stool? ____ urination? ____

Please list any additional information (as needed):

Do you consent to diagnostic procedures such as bloodwork and/or x-rays if deemed necessary by the attending doctor? Yes ____ No ____

All pets will be examined for fleas and ticks. If found, the pet will be treated at the owner's expense.

Client Signature: _____ Print Name: _____ Date: _____