

# 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: \_\_\_\_\_