Patient Drop-Off Form Illness

Pet's Name: ____
Client Name: ____
Address: ____
City _______________ State _______ Zip __________

Primary phone number to reach you at today: __________________________
Back up telephone number: __________________________

Request for Illness related care:

Primary complaint(s): Please select all that apply to your pet's current condition.

- ☐ Behavior Problems
- ☐ Bleeding gums
- ☐ Blood in Stool
- ☐ Breathing problems
- ☐ Coughing
- ☐ Check growth
- ☐ Diarrhea
- ☐ Difficulty Breathing
- ☐ Decreased Appetite
- ☐ Ear Problems
- ☐ Eye Problems
- ☐ Gagging
- ☐ Hair Loss
- ☐ Lameness/Limping
- ☐ Increased Thirst
- ☐ Itchy
- ☐ Increased Urination/Frequency
- ☐ Ingested foreign substance
- ☐ Loss of balance
- ☐ Not acting like self
- ☐ Painful
  Where ____________
- ☐ Sneezing
- ☐ Shaking Head
- ☐ Vomiting
- ☐ Weakness
- ☐ Weight Loss
- ☐ Weakness
- ☐ Wound(s)
- ☐ Other:
  ____
  ____
  ____

What is the duration of your pet's problem?

____
____

What medications does your pet currently take and what do you feed them?

____
____

Any other details you would like us to know about for today's drop off?

____
____

I hereby authorize the veterinarian and Back Bay Veterinary Clinic to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit of 50% is required for surgical and/or in-hospital treatments.

Signature of Owner: ______________________________ Date: ________

Patient Drop-Off Form Non-Illness

Pet's Name: ____
Client Name: ____
Address: ____
City _________________ State _______ Zip ___________

Best Number to Reach you at today: ______________________________

Request for Non-illness related care:

Diagnostic Procedures:

- ☐ **Annual Physical Exam**
- ☐ **Fecal Sample/Intestinal Parasite**
- ☐ **Annual routine blood work**
- ☐ **Senior blood work**
- ☐ **SNAP 4DX Test (Lyme Disease, Anaplasmosis, Ehrlichiosis, and Heartworm)**
- ☐ **SNAP Giardia**
- ☐ **SNAP FELV/FIV**

Canine Vaccinations:

- ☐ **Rabies**
- ☐ **Distemper 1 year**
- ☐ **Distemper 3 year**
- ☐ **Bordetella (Kennel Cough)**
- ☐ **Lyme**

Feline Vaccinations:

- ☐ **Rabies**
- ☐ **Feline Distemper**
- ☐ **Feline Leukemia**

Other Services:

- ☐ **Technician Bath**
- ☐ **Nail trim**
- ☐ **Other** ____

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Signature of Owner: ______________________________________Date: ________