

Drop Off Form

This information requested below tells us what you would like us to do for your pet. It is very important that you be specific so we can be certain to understand what you expect from our services. Please provide us with all of the current information in case we need to contact you. Thank you.

Date:

Client ID:

Owner's Name:

Patient ID:

Pet's Name:

Breed:

Age:

Sex:

Please check the services below that you would like to have done today.

Vaccinations

Tests & Services

Rabies 3 Yr. (Dog/Cats over 1yr)

Heartworm Test

Rabies 1 Yr. (Dog/Cats over 12wks.)

Leukemia-Aids Test

Puppy 6 wks. (No Lepto)

Diagnostic Blood Work

Puppy 10 or 14 wks.

Deworm (Tapeworms)

Annual K-9 (DHALPP/Corona)

Deworm (Hook & Round)

Bordetella (Kennel Cough)*K-9 only

X-Ray- Where? _____

Rattlesnake *K-9 only

Bath

Annual Feline (FDC/FLV)

Bath & Dip

Kitten (FDC and Leukemia)

Nail Trim

Express Anal Glands

Microchip

Other: _____

Has your pet ever had a vaccine or drug reaction? Yes No

If Yes please explain: _____

If your pet is sick, please list the symptoms you have noticed. _____

How long have you noticed the symptoms listed above? _____

Please sign and date below to authorize the staff / staff veterinarians of Deason Animal Hospital, Inc. To perform the above mentioned services.

Signature _____ **Date:** _____

Day Time Phone Number Where You Can Be Reached: _____

Employee Checked-in: _____ Time: _____