

CLIENT DROP OFF INFORMATION SHEET

Owners name: _____ Date: _____ Client #: _____

Pet name: _____ Breed: _____ Color: _____ Sex: _____ Age: _____

Please take a minute to fill out this information sheet so we can provide your pet with the best possible medical care.

What is the reason for dropping off your pet today? Circle one.

Boarding

Grooming

Vaccinations

Other (see below) _____

Please list all phone numbers where we can reach you during the day (including home number, work number, cell phone, pager, etc.).

What time would you like to pick up your pet?

Do you need more **Heartworm Prevention** today? _____ If so how many months: _____

The rest of this page only needs to be filled out if your pet is being seen for a medical problem:

Please give a brief description of the problem:

When did you first notice the problem?

Has it ever been a problem before, if so when?

What medications is your animal currently receiving, including heartworm preventative?

There is a **exam charge** anytime your pet is examined by a doctor. In addition to the exam charge, I authorize Creekside Animal Hospital to perform any diagnostic tests and medical treatments deemed necessary up to: **(Please circle one)**

\$0 \$50 \$100 \$200 Other _____

The veterinarian will call for authorization regarding diagnostic tests and medical treatments above this cost. **Emergency procedures, if necessary, may exceed this limit.**

Signature of Client _____ **Date** _____