



PATIENT DROP-OFF FORM

INFORMATION TAKEN BY: _____

THANK YOU FOR ALLOWING US THE PRIVILEGE OF CARING FOR YOU AND YOUR PET TODAY.
 ADDITIONALLY, THANK YOU FOR TAKING THE TIME TO FILL THIS FORM OUT AND HELPING US
 LEARN MORE ABOUT YOUR PET, YOUR CONCERNS, AND HOW WE CAN BETTER SERVE YOU!

THE RCAH TEAM

OWNER'S NAME:	PET'S NAME:	DATE:
OWNER'S PHONE NUMBER:	PET'S WEIGHT:	REASON FOR VISIT: <input type="radio"/> ANNUAL <input type="radio"/> SICKNESS / INJURY
TODAY'S CONCERNS (CHECK ALL THAT APPLY – PLEASE NOTE: THESE SERVICES REQUIRE AN EXAM): <input type="radio"/> NOT EATING <input type="radio"/> NOT DRINKING <input type="radio"/> VOMITING <input type="radio"/> DIARRHEA <input type="radio"/> ORAL ISSUES <input type="radio"/> BAD BREATH <input type="radio"/> LETHARGIC <input type="radio"/> WEIGHT CHANGE <input type="radio"/> CAR SICKNESS <input type="radio"/> SCOOTING <input type="radio"/> SHAKING HEAD <input type="radio"/> EAR ISSUES <input type="radio"/> MOBILITY <input type="radio"/> BEHAVIOR <input type="radio"/> SKIN ISSUES <input type="radio"/> SKIN MASSES <input type="radio"/> URINATION <input type="radio"/> EYE DISCHARGE <input type="radio"/> NASAL DISCHARGE <input type="radio"/> EXCESSIVE LICKING <input type="radio"/> OTHER: _____ _____ _____		

CANINE GENERAL SERVICES / PREV CARE NEEDS: <input type="radio"/> BLOODWORK <input type="radio"/> RABIES <input type="radio"/> DISTEMPER/PARVO <input type="radio"/> LEPTO <input type="radio"/> BORDETELLA <input type="radio"/> CIV (FLU) <input type="radio"/> FECAL <input type="radio"/> HEARTWORM TEST <input type="radio"/> ANAL GLANDS <input type="radio"/> EAR CLEANING <input type="radio"/> NAIL TRIM <input type="radio"/> PREVENTATIVES <input type="radio"/> MICROCHIP	FELINE GENERAL SERVICES / PREV CARE NEEDS: <input type="radio"/> BLOODWORK <input type="radio"/> RABIES <input type="radio"/> FVRCP <input type="radio"/> FLV <input type="radio"/> FECAL <input type="radio"/> FIV/FLV TEST <input type="radio"/> EAR CLEANING <input type="radio"/> NAIL TRIM <input type="radio"/> PREVENTATIVES <input type="radio"/> MICROCHIP
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<i>WHAT TYPE/BRAND OF FOOD DO YOU FEED?</i>	<i>HOW MUCH?</i>	<i>HOW OFTEN?</i>
<i>WHEN WAS THE LAST TIME YOUR PET ATE?</i>		
<i>HAS YOUR PET EVER HAD AN ADVERSE REACTION TO ANY MEDICATION OR VACCINE?</i> <input type="radio"/> NO IF YES, PLEASE EXPLAIN: _____		
<i>IS YOUR PET CURRENTLY TAKING MEDICATIONS:</i> <input type="radio"/> NO IF YES, PLEASE LIST WITH LAST TIME GIVEN: _____ _____		
<i>IS YOUR PET CURRENT ON HEARTWORM AND FLEA/TICK PREVENTION?</i> <input type="radio"/> NO IF YES, WHAT BRAND ARE YOU USING? (FLEA/TICK) _____ (HEARTWORM) _____		

PLEASE SEE REVERSE SIDE FOR OUR WAIVERS

