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EARLY PATIENT DROP-OFF FORM

Please also complete a New Client Form if this is your first visit.

YOUR NAME: _____ PATIENT'S NAME: _____

In order to accommodate your work schedule and your pet's health needs, the Hospital accepts patients left with us ("dropped off") between 8:00am and 2pm. PLEASE CALL FIRST whenever possible. Fill out this form and leave it with the receptionist or tech at the time you leave your pet. Please leave numbers where we can reach you easily. We will call after the doctor has performed an initial evaluation. Please note that no testing or treatment will be performed without your permission. That is why it is important that we be able to reach you.

WHAT ARE THE BEST TWO NUMBERS TO REACH YOU TODAY?

1ST: _____ Is this: WORK HOME CELL OTHER

2ND: _____ Is this: WORK HOME CELL OTHER

WHAT IS YOUR CONCERN ABOUT YOUR PET TODAY? (Circle any that apply; when possible give us a little information about when you first noticed the problem, how often, has it occurred before, etc.)

APPETITE LOSS **LETHARGY** **VOMITING &/or DIARRHEA** **BLOOD IN STOOL**

Further Description:

COUGHING &/or SNEEZING **TROUBLE BREATHING** **BAD BREATH**

Further Description:

INCREASED DRINKING or URINE VOLUME **DIFFICULTY URINATING or BLOOD IN URINE**

Further Description:

DIFFICULTY DEFECATING or CONSTIPATED **LIMPING OR DRAGGING PAW** **LACERATION**

Further Description:

ANNUAL EXAM & VACCINES **HEARTWORM TEST (DOGS)** **FECAL EXAM** **BLOODWORK**

OTHER Is there anything else that you feel is important, or that you would like to have done?

Signature

Date

Admitted by: _____