

Appointment Drop-off Form

Owner Name: _____

Pet Name: _____

Appointment Date: _____



Reason for the appointment:

Any Concerns related to pet:

Is he/ she eating/ drinking normally? Yes No
Is he/ she showing signs of sneezing/ coughing/ vomiting/ diarrhea? Yes No
What kinds of food he/ she is eating: _____

Is he/ she currently on any medications or supplements? If yes, please describe.

Is he/ she currently on flea or heartworm prevention? If yes, please describe.

Flea & Tick prevention: _____

Heartworm prevention: _____

How many doses do you need for each prevention?

(heartworm test and annual exam have to be up to date to get refill) _____

Vaccinations:

_____ Please update any vaccines that are currently due or soon to be due (within 1-2 months)

_____ Call me first to discuss if he/she needs to update vaccines.

We strongly recommend having your pet up to date on their heartworm test and keep on heartworm prevention all year around. Please initial if you approve to perform a heartworm test if it is not up to date.

_____ Please perform the annual heartworm test.

_____ I do not want my pet to get heartworm test.

Medical Treatment:

_____ Please perform any procedures that the veterinarian feels are necessary to protect the pet.

_____ Call me first to discuss any medically necessary additional procedures.

Signature: _____ **Date:** _____

Contact number: _____