CROSSROADS ANIMAL HOSPITAL 651 HWY 71 W BASTROP, TX 78602 512-321-0506

Staff Initials _____



PATIENT NAME - PLACE PATIENT LABEL HERE

Check-in time:_____

CANINE TREATMENT DROP OFF FORM

PLEASE GIVE US IMPORTANT INFORMATION ABOUT YOUR PET								
On Flea/Tick Prevention:			[] YES	[] NO				
On Heartworm Prevention:			[] YES	[] NO				
Last Heartworm Test (if not done here):					[] POS	[] NEG		
				_				
Foods: Brands:			[] Eats Specific Meals		[] Free Cho	pice		
Water Consu	mption:	[] Normal	[] Increased	t	[] Decrease	ed .		
Activity Level: [] Normal		[] Very Active [] Very Inac		tive				
Behavior: [] Disorientation		[] Less Interactive w/ Family		[] Loss of housetraining				
	[] Destructive Behavior		[] Aggression		Other			
	1		1					
Limping:	ping: [] Constant		[] Intermittent			Date Started		
	1	T	T					
Vomiting:	[] YES	[] NO		T		T		
	Constant Re	lationship to E	ating?	[] YES	[] NO			
	T	T		1				
Diarrhea:					T	T	T	
	# of BM per	day	Straining?	[] YES	[] NO	[] Blood	[] Mucous	
<u> </u>	f 1)/50	1.1.10		r 15 · r	.1 .1 .1	1/0/5513	[]vcc	
Coughing:	[] YES	[] NO		[] Pet frequ	uently with oth	ier K9/FEL?	[]YES [] NO	
Sneezing:	[] YES	[] NO	f 1100	r 100	F 1344 :	1.101.1	C	
Nasal Discha	,~	[] YES	[] NO	[] Mucous	[] Watery	[] Bloody	Started	
Itching:	[] YES	[] NO						
Constant 2		LIVEC	[]NO	Diagram and b	ack of form fo		_:1	
Growth?	for tree book	[] YES	[] NO	Please see b	ack of form to	r turtner deta	all.	
Additional Info: (use back too)								
We cannot guarantee all pets coming in will be free of fleas. If your Pet is found to have fleas upon arrival								
they will be given a single dose of Capstar without consent, at your expense. PLEASE NOTE: In accordance with TX H.B. #2063 we are informing you that we do not have staff on-site 24/7.								
We are are here from 7 am - 6 pm M-F and on weekends our staff comes in twice a day to care for kennel pets.								
Also, our facility is not equipped with a fire protection sprinkler system. Initial								
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DROP OFF POLICY

Please note: there is no guaranteed pick up time for drop offs, regardless of the time your pet was dropped off. All animals are assessed at time of entry and monitored until one of our Doctors can complete a treatment plan. An estimate will be provided prior to any treatment. A deposit of up to 50% may be required before treatment begins. Once a treatment plan has been accepted and administered the Technical Staff will call with updates and/or a ready to go time.

If a Pet is not picked up prior to closing once a ready to go has been given, there will be an overnight boarding charge added at the Owners' expense. (M-F 6:00 pm)

Payment is due in full at the time of pickup.	
Some procedures may require partial payment prior to swe can assist you in applying for Care Credit OR Scratchl cash.	
How would you like to be contacted? [] Phone	[]Text
Your signature acknowledges you have read and unders	
c	•
X	Phone #
Alternate Name:	Alter. Phone #
GROWTH/LESION CHART	Additional information regarding growth
GROWTH/LESION CHART: Please map on the chart(s) below any growths, masses or lesions you would like checked and or removed today. Please leave specific instructions on length of time noticed, if its gotten bigger/color change, etc. Also, note if you would like removed, aspirated or both. Please also leave good, valid phone numbers so the Doctor can reach you if	(or other concerns regarding Pet's health)
possible. Thank you :)	
550	
BELLY UP	
BELLY DOWN	
RIGHT SIDE	
) LEFT SIDE	
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Thank you for entrusting us with your pet's care. We will do everything we can to honor that trust and provide your pet with the best care possible.

Crossroads Animal Hospital