

CROSSROADS ANIMAL HOSPITAL 651 HWY 71 W BASTROP, TX 78602 512-321-0506		PATIENT NAME - PLACE PATIENT LABEL HERE
CANINE TREATMENT DROP OFF FORM		

PLEASE GIVE US IMPORTANT INFORMATION ABOUT YOUR PET

On Flea/Tick Prevention:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
On Heartworm Prevention:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Last Heartworm Test (if not done here): _____	<input type="checkbox"/> POS	<input type="checkbox"/> NEG			
Foods:	Brands: _____	<input type="checkbox"/> Eats Specific Meals	<input type="checkbox"/> Free Choice		
Water Consumption:	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
Activity Level:	<input type="checkbox"/> Normal	<input type="checkbox"/> Very Active	<input type="checkbox"/> Very Inactive		
Behavior:	<input type="checkbox"/> Disorientation	<input type="checkbox"/> Less Interactive w/ Family	<input type="checkbox"/> Loss of housetraining		
	<input type="checkbox"/> Destructive Behavior	<input type="checkbox"/> Aggression	Other _____		
Limping:	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	Date Started _____		
Vomiting:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Constant Relationship to Eating?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Diarrhea:	<input type="checkbox"/> None	<input type="checkbox"/> Occasionally			
	# of BM per day _____	Straining?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Blood <input type="checkbox"/> Mucous
Coughing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Pet frequently with other K9/FEL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sneezing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Nasal Discharge:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Mucous	<input type="checkbox"/> Watery	<input type="checkbox"/> Bloody
Itching:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Started _____		

Growth? YES NO Please see back of form for further detail.

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 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 _____

Staff Initials _____ Date: _____ Check-in time: _____

