

CROSSROADS ANIMAL HOSPITAL

651 HWY 71 W

BASTROP, TX 78602

512-321-0506



PATIENT NAME - PLACE PATIENT LABEL
HERE

FELINE TREATMENT DROP OFF FORM

PLEASE GIVE US IMPORTANT INFORMATION ABOUT YOUR PET

On Flea/Tick Prevention: YES NO

On Heartworm Prevention: YES NO

Habitat: Indoor Only Indoor/Outdoor Outside Only

Foods: Brands: _____ Dry Wet

Eats Specific Meals Free Choice Table Food

Water Consumption: Normal Increased Decreased

Activity Level: Normal Very Active Very Inactive

Behavior: Any Noticeable changes? _____

Limping?: Constant Intermittent Date Started _____

Vomitting: YES NO

Constant Relationship to Eating? YES NO

Diarrhea: YES NO

of BM per day _____ Straining? YES NO Blood Mucous

Coughing: YES NO Pet Frequently with other K9/FEL? YES NO

Sneezing: YES NO Frequent? YES NO

Nasal Discharge: NO YES Mucous Watery Bloody Started _____

Itching: YES NO Seasonal Year-Round

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: _____

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 services. We do not offer payment plans, but we can assist you in applying for Care Credit OR ScratchPay. We also accept all major credit cards and cash.

How would you like to be contacted? Phone Text

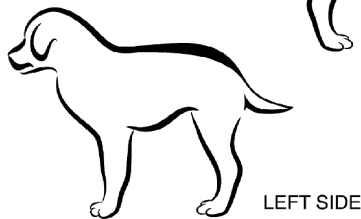
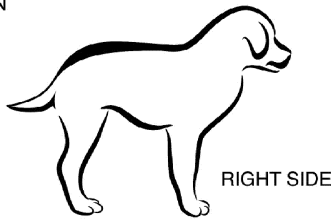
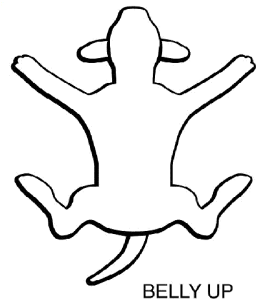
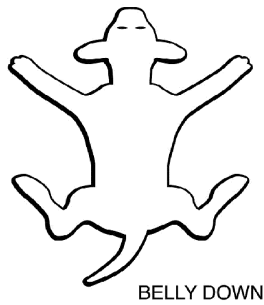
Your signature acknowledges you have read and understood the above policies.

X _____ Phone # _____

Alternate Name: _____ Alter. Phone # _____

GROWTH/LESION CHART

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 possible. Thank you :)



Additional information regarding growth
(or other concerns regarding Pet's health)

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