



EARLY DROP OFF SHEET

Client Name: _____

Phone Number: _____

Patient Name: _____

Everything was okay with my pet until _____

Water intake has a) decreased, b) increased, c) unchanged (circle one)

My pet is has not eaten since: _____

My pet started vomiting: _____

What color? What substance? _____

My pet has a) normal stools b) is constipated c) has diarrhea (circle one)

If your pet has diarrhea what color is it and what is the consistency? _____

Additional Information:

If your pet is coming in for checking a lump or something that may be difficult for the Dr. to find, please point it out to the technician so that they may show it to the Dr., so there are no misunderstandings will be dropping my pet off for an examination by the Dr. I understand that the Dr. will be contacting me before any procedures are done. I am leaving my credit card number, or a blank check. I understand that no charges will be made, until I am spoken to, and agree to the charges.

Credit Card Number _____

Expiration _____

Signature

Date