

WELCOME TO ANIMAL CLINIC OF WALLA WALLA
DROP OFF FORM

Please fill out to the best of your knowledge:

Date: _____

Owner's Name: _____

Email address: _____

Pet's Name: _____

Daytime Phone Number: (and name if different than above) _____

Reason pet is here: _____

How long has this been going on? _____

May we sedate your pet if necessary? Yes / No

May we perform blood work if necessary? Yes / No

May we perform x-rays if necessary? Yes / No

Is your pet on any medications? (What type and how often?) _____

Did your pet have any medication today? Yes / No What time? _____

Is your pet on flea medication? (type and last date given) _____

If my pet is found to have transmissible conditions (such as fleas, ticks, ear mites) I give my permission for treatment. (For the protection of all, pets can't be admitted without this permission) Yes / No

Is your pet up to date with his/her vaccinations? Yes / No

If no would you like us to update them today? Yes / No

Is your pet microchipped? Yes / No If not, would you like us to microchip your pet today? Yes / No

When did your pet last eat? _____

Have you observed any of the following in the past week? Please check all that apply.

- _____ Change in activity
- _____ Loss of appetite
- _____ Excessive drinking
- _____ Abnormal bowel movements
- _____ Vomiting
- _____ Straining to urinate
- _____ Increased urination
- _____ Coughing
- _____ Sneezing

Any additional questions or comments? _____

Signature: _____

OFFICE USE ONLY
DVMax Updated _____
Client Info Form Updated _____