

# Drop Off Form

The information requested would tell us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Phone number where you can be reached today** \_\_\_\_\_

Reason for visit \_\_\_\_\_

Current diet \_\_\_\_\_ No. feedings per day \_\_\_\_\_ Is Bo given table scraps? Yes ( ) No ( )

Is your pet on Heartworm and Flea/tick preventative? Yes ( ) No ( ) If so, what? \_\_\_\_\_

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## Which symptoms is your pet experiencing today?

_____ vomiting, how long? _____	_____ Diarrhea, how long? _____
_____ Scratching, how long? _____	_____ Hair loss, where? _____
_____ Head shaking, how long? _____	_____ Loss of appetite, how long? _____
_____ Weight loss, how long? _____	_____ Drinking more? _____
_____ Lethargy, how long? _____	_____ Unusual behavior? Explain _____

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I give my permission to complete the following procedures, if deemed necessary by Dr. Kirlin

\_\_\_\_\_ Lab work    \_\_\_\_\_ Radiographs    \_\_\_\_\_ Ear cytology/flush    \_\_\_\_\_ vaccinations  
\_\_\_\_\_ Urinalysis    \_\_\_\_\_ Skin scrape    \_\_\_\_\_ Fine needle asp    \_\_\_\_\_ Stool analysis  
\_\_\_\_\_ Heartworm test    \_\_\_\_\_ Flea/tick treatment    \_\_\_\_\_ Sedation, if necessary

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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