

COLONY ANIMAL CLINIC – DROP OFF FORM

OWNER'S NAME: _____ PET NAME: _____
 WHAT WILL WE BE SEEING YOUR PET FOR TODAY? _____

Please check the significant problems that apply to your pet and prioritize by number

- Coughing
- Itching
- Lethargic
- Diarrhea
- Losing Weight
- Vomiting _____ times/day
- Limping: front rear right left
- Difficulty urinating
- Difficulty defecating
- Eye discharge
- Nose discharge
- Sneezing
- Shaking head
- Scratching ear(s): right left
- Having seizures _____ times per day/wk/month
- Other _____

How long has your pet displayed these problems?

Describe your pet's appetite and drinking habits:

Describe your pet's urine and bowel habits:

What are you currently feeding your pet?

Dry food, which brand? _____

Canned food, which brand? _____

People food _____

Is this a recent change? Y / N

If yes, what were you previously feeding? _____

Where does your pet spend his/her time?

- Only indoor (never outside)
- Mainly indoor
- Mainly outdoor
- Leash walk neighborhood or visit dog park

Brand heartworm preventative: _____

Date of last dose: _____

Brand flea preventative: _____

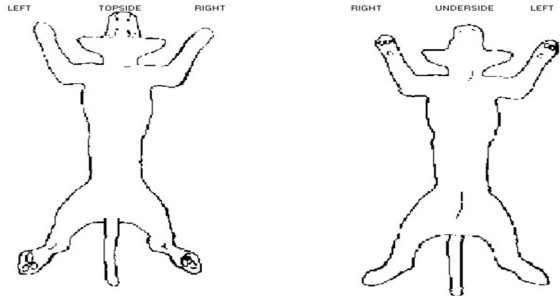
Date of last dose: _____

**** (If your pet is not on current flea prevention, he/she will be given a capstar tablet at your expense. We are a "Flea Free" hospital.)**

Signature: _____

Is your pet currently receiving any other medications?
 Please list with daily doses: _____

If your pet has lumps, bumps, cuts, or sores that you wish us to look at, please note the area on the diagram below:



TOTAL NUMBER OF GROWTHS/LUMPS _____

Do you authorize tests if the doctor feels it is warranted? (lab tests, x-rays and/or other diagnostic testing). Please initial below:

_____ Yes, proceed with any doctor recommended diagnostic testing. **(Anything over \$500, you will be contacted by a nurse for approval with an estimate. A deposit of 50% will be required).**

_____ Yes, proceed with diagnostic testing that the doctor recommends, **but only up to \$250.**

_____ No, contact me prior to performing any diagnostic testing.

It is very important that we are able to contact you if we have questions regarding your pet. Failure to be reached may result in postponement of treatment.

Number(s) where you can be reached today:

Please list any other comments or questions you have for the doctor _____

Please indicate any other services you would like today:

- Update vaccinations
- Microchip
- Trim nails
- Express anal glands
- Refill medications _____

Other (if a bath is requested, please verbally tell the receptionist) _____

Date _____