

## Drop Off Exam Information

Client's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

What will we be seeing your pet for today? *(Please give as much information as possible)*

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How long has this problem been present? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Was your pet fed today?  YES  NO Time of last meal: \_\_\_\_\_

Has your pet received any medications or treatments today? *(Please specify)*

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Your pet will be examined before any treatment is administered.

Where can we reach you after 11:00 am today? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If your pet needs treatment would you like us to:

- Administer any necessary medical treatment *(You will be responsible for fees created by treatment)*
- Call and verify estimate prior to treatment

Brook-Ellis Pet Hospital requires that each pet be current (within 11 months) on a DHPPBB for a dog and FVRCP for a cat. If not current, your pet(s) will be vaccinated at client's cost. \_\_\_\_\_ (initial)

For the protection of your pet(s) and others in the hospital, it is the policy of Brook-Ellis Pet Hospital to apply a single application of Advantage to any pet(s) found to have fleas at client's cost. \_\_\_\_\_ (initial)

If you have your pet(s) on flea control, please list last application date and type.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: \_\_\_\_\_

Please sign below. By doing so, you have indicated that you have read and understand the information on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Note: There is a \$21.00 day hospitalization charge for all drop-off exams\*\***