

DEER CREEK ANIMAL HOSPITAL

DROP OFF FORM

***YOUR ANIMAL WILL BE SEEN BY A DOCTOR AS SOON AS POSSIBLE. DOCTORS SEE DROP OFF PATIENTS BETWEEN REGULARLY SCHEDULED APPOINTMENTS.**

Owner's Name _____ Date _____

Animal's Name _____ Breed _____ Sex _____ Age _____

Phone number where you can be reached today: _____

Chief Complaint today: _____

My pet is (Please check all that apply):

Lethargic _____ How long? _____

Not Eating _____ How long? _____ Diet _____

Vomiting _____ How long? _____ How Often? _____

Diarrhea _____ Blood in Stool _____ How long? _____ How Often? _____

Not Drinking _____ Drinking More _____ How Long? _____

Urinating More _____ Urinating Less _____ Straining _____

Coughing _____ Sneezing _____ Nasal Discharge _____

Eye Discharge _____ How Often? _____ Color? _____

Scratching _____ Where? _____ How Long? _____

Shaking Head _____ How long? _____

Limping _____ How long? _____ Which Leg? _____

Did Limping begin suddenly? _____ or Gradual? _____

Does Exercise? Increase Limping _____ or Decrease Limping _____

Please add anything else we need to KNOW or DO: _____

An exam cost of \$69.00 will apply to all drop off appointments. Daycare is available for an additional fee - all vaccines and flea/tick preventative must be current.

SIGNATURE _____ DATE _____