

LOVELL ANIMAL HOSPITAL DROP-OFF INFORMATION SHEET

Owner's Name: Phone Number:

Feline/Canine male/female spayed/neutered?

Reason for drop-off:

Vomiting? if yes, frequency and character:

Diarrhea? if yes, frequency and character:

Eating and drinking normally?

What does pet normally eat? How much and how often? Has there been any change in diet?

Could pet have ingested something unusual?

Coughing or sneezing?

Is pet as active as usual?

Lameness?

Shaking head, scratching ears, odor from ears?

Any eye problems: drainage, squinting?

Any skin problems: seasonal itching, dry skin, etc?

Any unusual behaviors? Anything unusual going on at home? -- carpet cleaning, fertilizer in yard, etc?

Where does pet live? Indoors % Outdoors % In and out freely Outside unattended

Are there other pets in the household? Has pet been around other animals recently?

Is pet on any medications?

Is pet on heartworm prevention? Flea control?

Please treat my pet as needed _____

Please treat my pet as needed up to \$ _____

Please assess and call with recommendations and costs _____

owner's signature

phone #

date

Doctor's recommendations and instructions: