

Salado Veterinary Hospital

DAY DROP OFF

Today's Date: _____

OFFICE USE ONLY: Deposit: _____

Owner's Name: _____

Pet's Name: _____

Please leave 2 phone numbers that you can be reached at. _____

Breed: _____

Color of Pet: _____

Symptoms (Check all that apply:)

☐ Check Theet

☐ Check Ears

☐ Coughing

☐ Sneezing

☐ Itching

☐ Vomiting (☐ Food ☐ Bile ☐ Froth)

☐ Not Eating

☐ Express Anal Glands

☐ Lumps/Bumps/Growths

(Please mark on diagram below)

☐ Urination Issues

☐ Painful

☐ Limping

☐ Listless/Letharagic

☐ Bloodwork (☐ CBC ☐ Chem 12 ☐ T4)

☐ Diarrhea (☐ Blood pressent)

☐ Toenail Trim

☐ Wound/Abscess (Please mark on diagram below)

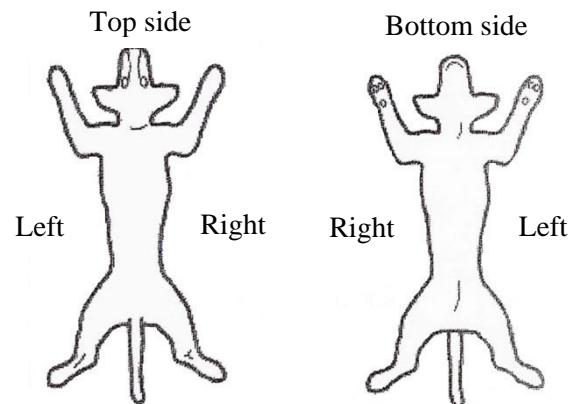
☐ Swelling

(Please mark on diagram below)

Permission for sedation or x-rays if needed: ☐ YES ☐ NO ☐ CALL

Please further describe your pet's symptoms.

(Duration of symptoms, area of symptoms, other)



Has your pet had any medications recently? ☐ YES ☐ NO When? _____

List medications: _____

Canine Yearly		Feline Yearly
<input type="checkbox"/> Rabies	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Rabies
<input type="checkbox"/> Bordatella Kennel Cough	<input type="checkbox"/> Fecal	<input type="checkbox"/> FVRCP (Distemper and upper respiratory disease)
<input type="checkbox"/> DHPPV (Distemper/Parvo) <input type="radio"/> w <input type="radio"/> lepto	<input type="checkbox"/> Rattlesnake <input type="radio"/> 1 st <input type="radio"/> 2 st <input type="radio"/> Annual	<input type="checkbox"/> FELV (Leukemia)

Signature: _____

Date: _____