Salado Veterinary Hospital

DAY DROP OFF

Today's Date: _____

Owner's Name: _____ Pet's Name: _____

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

_____ Color of Pet: _____

Symtpoms (Check all that apply:)

- ❑ Check Theet
- ❑ Check Ears
- ❑ Coughing
- ❑ Sneezing
- ❑ Itching
- ❑ Comoting (○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)

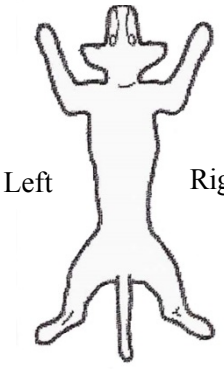
_____

_____

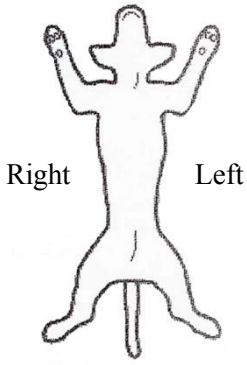
_____

_____

Top side



Bottom side



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

List medications: _____

Canine Yearly		Feline Yearly
❑ Rabies	❑ Heartworm Test	❑ Rabies
❑ Bordatella Kennel Cough	❑ Fecal	❑ FVRCP (Distemper and upper respiratory disease)
❑ DHPPV (Distemper/Parvo) ○ w ○ lepto	❑ Rattlesnake ○1st ○2st ○Annual	❑ FELV (Leukemia)

Signature: _____ Date: _____