

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)*

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)*

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 flea control 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 \$22.00 day hospitalization charge for all drop-off exams****