

Paws & Claws Animal Hospital

Drop-off Form

In order for us to provide the best quality care for your pet, please take the time to give us the following information.

Owner's Name _____ Pet's Name _____

At what number can you be reached at today? _____

What symptoms is your pet experiencing?

How long has he/she been having problems? _____

Was the onset immediate or gradual? _____

Have there been any changes in your pet's urination? _____

Any changes in food intake? _____

What food are you feeding your animal? _____

Have you changed your animal's diet within the past couple weeks? _____

Has your animal been vomiting or having diarrhea? _____

If so, how long? _____

Has your pet's activity level changed? _____

What medications is your pet receiving? _____

Additional Comments:

After the doctor examines my animal I would like? **(Please check ONE)**
 To be informed before any treatment (Owner will be called ***before*** any treatment is given)
 For any treatment that the doctor feels necessary to be done. (Owner will be called ***after*** treatment is given)

I understand that I assume responsibility for all services rendered and that payment is due when my pet is released.

Signature: _____ Date: _____

