



# DROP OFF EXAM INFORMATION

Please provide us with information about your pet's condition.

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Problem: · Lethargic · Vomiting · Diarrhea · Excessive Eating/Drinking  
· Limping · Itching · Crying · Loss of Appetite

Please list any other problems or symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Long Have These Symptoms Persisted? \_\_\_\_\_

Is Your Pet: · Inside Only · Inside/Outside · Outside Only

When did you pet last eat? \_\_\_\_\_

What Do You Feed Your Pet? · Dry Food Brand: \_\_\_\_\_

· Wet Food Brand: \_\_\_\_\_

Has Your Pet Eaten Anything Unusual? \_\_\_\_\_

Please list any medications your pet is currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_  
\_\_\_\_\_

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Office Call/Exam - \$38.50 Lab work - \$100 (minimum) X-rays - \$110 (minimum)

**Authorized spending limit** \$ \_\_\_\_\_ (if left blank we assume there is **NO** limit)

**Deposit** \$ \_\_\_\_\_

***Due to the escalating costs of doing business, we are unable to provide billing services.  
We accept ALL Major Credit Cards, CASH and Checks.***

## **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Credit Card Information: # \_\_\_\_\_ Exp \_\_\_\_\_  
VISA MC DISC AMEX

Signature of Owner or Responsible Party:

\_\_\_\_\_ Date