

PATIENT DROP-OFFS

IF YOUR PET IS HERE TO BE ANESTHETIZED PLEASE DESCRIBE WHAT PROCEDURE IS TO BE PERFORMED.

PROCEDURE:

MY PET LAST ATE AT _____ AM/PM

IF YOUR PET IS TO BE EXAMINED PLEASE DESCRIBE ANY PROBLEMS YOU HAVE NOTICED IN YOUR PET.

PLEASE CHOOSE ONE OF THE FOLLOWING:

___ I HAVE AN ESTIMATE ALREADY SO PERFORM THE PROCEDURES INDICATED ABOVE

___ EXAMINE MY PET, PERFORM APPROPRIATE DIAGNOSTICS TESTS, AND INITIATE APPROPRIATE THERAPY. \$ _____

___ PLEASE DON'T DO ANYTHING UNTIL YOU CALL ME.

I/WE CAN BE REACHED AT THE FOLLOWING PHONE NUMBERS TODAY.

_____ BETWEEN THE HOURS OF _____

_____ BETWEEN THE HOURS OF _____

OWNER'S NAME _____

PET'S NAME _____ DATE _____