

NORTHPOINTE ANIMAL HOSPITAL EARLY DROP OFF FORM

DROPPING OFF YOUR PET TODAY?

PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE IF YOU ARE DROPPING OFF YOUR PET WITH US TODAY AND BRING IT WITH YOU. THIS WILL HELP INSURE THAT WE HAVE CORRECT INFORMATION ABOUT YOUR PET SO THAT WE CAN PROVIDE APPROPRIATE TREATMENT OR SERVICES. (PLEASE PRINT)

OWNER NAME(S) _____ DATE _____

PET(S) NAME(S) _____

SPECIES: _____ HAVE YOU BEEN HERE BEFORE? _____

NUMBER(S) I CAN BE REACHED AT TODAY _____

TIME I'D LIKE TO PICK UP IF POSSIBLE _____

(Please call in advance to see if your pet is ready)

PET QUESTIONS:

- 1) Will you be able to speak with a technician before dropping your pet off? _____
- 2) What is your pet here for today? _____

* Is your pet **COUGHING:** YES NO **SNEEZING:** YES NO
VOMITING: YES NO **DIARRHEA:** YES NO

3) Is your pet experiencing any health problems? How long has this been occurring?
 Which problems: _____
 #Hours? _____ #Days? _____ #Weeks? _____ #Months? _____ #Years _____

4) Have there been any changes with your pets' drinking and eating habits? YES NO
 Has your pet been urinating and defecating normally? YES NO

Please describe any changes: _____

- 4) Is your pet on any medication? YES NO _____
- 5) Is your pet on heartworm prevention? YES NO _____
- 6) Is your pet on flea and tick prevention? YES NO _____
- 7) Is your pet a diabetic? YES NO _____
- 8) Has your pet been diagnosed with any other diseases? YES NO _____
- 9) Date of pet's last vaccines _____
- 10) Do you want the vaccines given today if OK with the doctor? YES NO
 *Which ones _____

PLEASE LEAVE A NUMBER WHERE YOU CAN BE REACHED IF WE NEED TO CONTACT YOU. ALSO, BE SURE TO SIGN AN ESTIMATE AND AN ANESTHETIC/SURGICAL CONSENT FORM IF INDICATED, OR IF UNDERGOING SURGERY.

SIGN _____ **DATE** _____