Palo Duro Animal Hospital
Patient Drop-Off Form

Patient's First and Last Name:_____

Major Complaint:
_____

How long has this been going on?
_____

Please place a check by items that apply:
(please indicate how long each symptom has been going on)

( ) Not eating
( ) Not drinking
( ) Drinking in excess
( ) Lethargic
( ) Acting painful
( ) Coughing

( ) Sneezing
( ) Scratching
( ) Shaking head
( ) Limping

( ) Scooting
( ) Diarrhea
( ) Vomiting
( ) Weight loss
( ) Other:
( ) List ALL medications your pet has taken in the last 7 days**:**
_____

Does your pet need:
( ) Vaccinations
( ) Check teeth
( ) Heartworm test
( ) Deworming
( ) Feline Leukemia or FIV test
( ) Nail trim
( ) Bordetella (kennel Cough)

May we sedate your pet if needed? Yes ( ) No ( )
Did your pet eat this morning? Yes ( ) No ( )
May we do bloodwork if needed ? Yes ( ) No ( )
May we do x-rays if needed? Yes ( ) No ( )

Anything else you feel needs to be done:

_____
_____

Authorization Signature: _____

Phone number where we can reach you today: _____