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**_____