

Renfro Veterinary Drop-Off Form

Date: _____

Owner's Name: _____ Pet's Name: _____

Has your address or phone changed since your last visit? NO _____ YES _____

If Yes, New Information: _____

What is the best way to reach you today?

Home# _____ Cell# _____

Work# _____ Other# _____

Who should be expected to pick up your pet? _____

At what time? _____

Please list all current medications and dosages:

What signs or symptoms is your pet demonstrating that made you concerned about his/her health today?

Have you noticed any of the following?

Not wanting to eat or drink? _____

Vomiting or diarrhea? _____

Decrease in energy level? _____

Trouble urinating or defecating? _____

Change in skin or hair coat? _____

Itching or licking? _____

Coughing or sneezing? _____

Limping or stiffness? _____

Other symptoms: _____

For Office Use Only:

Spoke to owner: _____ Needs Called: _____

Left message: _____ Schedule Consult: _____

Does your pet have any known drug allergies or reactions? (yes / no)

Please list: _____

Please check the appropriate instruction:

_____ Physical exam only, no other tests or treatment until I am contacted

_____ Physical exam and any diagnostics and treatment needed up to \$_____

____ I understand that sedation may be used if necessary to examine or x-ray my pet.

Authorization signature _____

Checked in by: (Office use) _____

For Office Use Only:

Spoke to owner: _____ Needs Called: _____

Left message: _____ Schedule Consult: _____