Webb Bridge Animal Hospital

DROP OFF FORM

In an effort to provide the best care we ask that you take a moment to complete the following form prior to leaving your pet.

Owner: _____ Phone Number: _____

Pet's Name: _____ Date: _____

Describe your pet's diet: _____

List your pet's current medication(s): _____

_____

Currently on Heartworm prevention? □ No □ Yes Brand: _____ Year round? □ No □ Yes

Primary reason for your pets visit with us today:

_____

_____

_____

_____

_____

Please check any medical symptoms or problems you've noticed with your pet:

□ Appetite Loss	□ Diarrhea	□ Loss of Balance	□ Thirst
□ Bad Breath	□ Eye Disorders	□ Mouth Sensitivity/Drooling	□ Gagging
□ Behavioral Changes	□ Urination Increase	□ Scooting	□ Vomiting
□ Breathing Problems	□ Gums Bleeding	□ Skin/Coat Condition or Odor	□ Weakness
□ Changes in Weight	□ Shaking Head	□ House / Litter Box Training	□ _____
□ Coughing	□ Sneezing	□ Itching, Licking, Scratching	□ _____
□ Depression	□ Limping	□ Stiffness or Pain on Rising	□ _____

By dropping off your pet you agree to a physical exam by a doctor for a fee of $54.00. Please check below for permission for any additional treatment.

□ I authorize any treatment needed for the problems I have stated above.
□ I wish to be called prior to any treatment.

Please check if you give us permission to do blood work which is an additional fee of $84.00 to $131.25.

□ Yes □ No

Owner's Signature: _____