RALEIGH COMMUNITY ANIMAL HOSPITAL

DROP-OFF FORM

owner's name:	*pet's name:*	*date:*
owner's phone number	*pet's weight:*	

for all required preventative care or elective preventative care services; please see your estimate *(if applicable)*

CANINE / FELINE - ELECTIVE SERVICES

◯ NAIL TRIM
◯ ANAL GLANDS
◯ EAR CLEANING
◯ MICROCHIP
◯ CLEAN-UP BATH ($23)
◯ FULL BATH ($31-$41; includes nail trim)

REQUESTED MEDICATION REFILLS

1. HEARTWORM PREVENTION:
   brand: _____ how many doses: _____
2. FLEA/TICK PREVENTION:
   brand: _____ how many doses: _____
3. _____
4. _____
5. _____

has your pet ever had an adverse reaction to any medication or vaccine?

◯ *NO*
◯ *YES – PLEASE EXPLAIN:*

_____
_____

is your pet currently taking medications?

◯ *NO*
◯ *YES – please list with last time given:*

1. _____ *time:* _____
2. _____ *time:* _____
3. _____ *time:* _____
4. _____ *time:* _____

TODAY'S CONCERNS, if any ***(CHECK ALL THAT APPLY – PLEASE NOTE: THESE SERVICES REQUIRE AN EXAM):***

◯ NOT EATING	◯ NOT DRINKING	◯ VOMITING	◯ DIARRHEA
◯ ORAL ISSUES	◯ BAD BREATH	◯ LETHARGIC	◯ WEIGHT CHANGE
◯ CAR SICKNESS	◯ SCOOTING	◯ SHAKING HEAD	◯ EAR ISSUES
◯ MOBILITY	◯ BEHAVIOR	◯ SKIN ISSUES	◯ SKIN MASSES
◯ URINATION	◯ EYE DISCHARGE	◯ NASAL DISCHARGE	◯ EXCESSIVE LICKING

◯ OTHER: _____

HISTORY OF ISSUE MENTIONED ABOVE:_____
_____
_____
_____
_____
_____
_____
_____
_____

OWNER SIGNATURE: _____ **DATE:** _____