

Picayune Veterinary Clinic

Drop Off Sheet

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Main

Concern/symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did your pet eat or drink today? \_\_\_\_\_

If no, when was the last time you saw your pet eat or drink? \_\_\_\_\_

Did your pet urinate or defecate today? \_\_\_\_\_ Was it normal? \_\_\_\_\_

If no, when was the last time you saw your pet urinate or defecate? \_\_\_\_\_

Did your pet have any vomit or diarrhea? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Is your pet current on vaccinations? \_\_\_\_\_

Is your pet on Heartworm Preventative? If so, which brand? \_\_\_\_\_

Is your pet on flea and/or tick preventative? If so, which brand? \_\_\_\_\_

Is your pet currently on any medications? (over the counter or prescription) \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any other important information:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*If bloodwork is necessary, do we have authorization to do so? \_\_\_\_\_

\*\*\*If x-rays are necessary, do we have authorization to do so? \_\_\_\_\_

\*\*\*An estimate will be provided to you if your expenses exceed \$ \_\_\_\_\_

Client Signature: \_\_\_\_\_

PVC Staff Member: \_\_\_\_\_