

Community Veterinary Center

DROP-OFF FORM

Owner's Name: _____

Pet's Name: _____

Phone(s) where you can be reached today: _____

What are your pet's symptoms? _____

When did these signs start? _____

Is your pet currently taking any medication? _____ If so, what medicine? _____

Does your pet have any medical condition that the doctor should be aware of? _____

Is there anything else that you can think of that we should be aware of concerning your pet?

The doctor may need to take X-rays or perform other laboratory tests to help determine the cause of your pet's problem. Does the doctor have your permission to perform diagnostic procedures when indicated? _____

Owner or Agent's signature: _____