



# WELCOME TO ANIMAL CLINIC EAST



1640 E Isaacs Ave ♦ Walla Walla WA 99362 ♦ 509.522.0763

## DROP OFF FORM

Please fill out to the best of your knowledge:

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

Owner's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Daytime Phone Number: (and name if different than above) \_\_\_\_\_

Reason pet is here: \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

May we sedate your pet if necessary? Yes / No

May we perform blood work if necessary? Yes / No

May we perform x-rays if necessary? Yes / No

Is your pet on any medications? (What type and how often?) \_\_\_\_\_

Did your pet have any medication today? Yes / No What time? \_\_\_\_\_

Is your pet on flea medication? (type and last date given) \_\_\_\_\_

If my pet is found to have transmissible conditions (such as fleas, ticks, ear mites) I give my permission for treatment. (For the protection of all, pets can't be admitted without this permission) Yes \_\_\_\_\_ initial

Is your pet up to date with his/her vaccinations? Yes / No

If no would you like us to update them today? Yes / No

When did your pet last eat? \_\_\_\_\_

*Have you observed any of the following in the past week? Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Change in activity       | <input type="checkbox"/> Straining to urinate            |
| <input type="checkbox"/> Loss of appetite         | <input type="checkbox"/> Increased urination             |
| <input type="checkbox"/> Excessive drinking       | <input type="checkbox"/> Coughing                        |
| <input type="checkbox"/> Abnormal bowel movements | <input type="checkbox"/> Sneezing                        |
| <input type="checkbox"/> Vomiting                 | <input type="checkbox"/> Shaking head/Scratching at ears |
| <input type="checkbox"/> Scooting                 | <input type="checkbox"/> Unusual/New lumps/ bumps        |

Any additional questions or comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that payment is due in full upon the animal's discharge.

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