

Wallburg Animal Hospital Drop-Off Form: Wellness and Illness Date: _____

Annual wellness exam

Laboratory Diagnostics

Sick visit

Please circle all that apply to your pets symptoms:

Vomiting

Diarrhea

Ear Problem (left or right)

Urinary

Coughing

Eye Problem (left or right)

Skin concerns: Itching

Hair Loss

Red Skin

Fleas/Ticks

Sores

Lumps-location: _____

Limping-location: _____

Other: _____

Description of problem and how long has it been going on?

Is your pet eating? Yes or No When did he/she last eat? _____

Current diet? Wet / Dry Brand: _____ Amount: _____

Any change in the diet/treats over the last week? _____

Any Vomiting? Yes or No When did he/she last vomit? _____

Any Diarrhea? Yes or No Any visible worms, blood or mucous noted in it? _____

Drinking Water? Normal Amount Less Amount Excessive Amount _____

Is your pet acting normal and active or Lethargic or Depressed?

Is your pet Urinating Normal? Abnormal-explain: _____

For limping or injured pets-do you know the cause? _____

Have you given any medications to try and help the problem? If so, what and how much?

Please list all medications given, including over the counter meds, vitamins, and supplements

Please select below for pre approved testing.

_____ Blood work _____ Lab work (ear swab, fecal exam, skin cytology) _____ X-rays due to injury

Hospital Policy: Pets must be current in vaccination status (per hospital policy) and be free of fleas, ticks and other external parasites before dropping off/boarding. We reserve the right to satisfy these requirements, at the owner's expense. We reserve the right to require a deposit to be left before medical or surgical care will be performed. If your pet needs medical care while boarding, you will be responsible for the additional charges. I understand this is **Not** a 24 hour facility and the business is not staffed during closed hours of operation.

I understand I will be charged a drop off fee.

I understand that I will pay in full the same day as services rendered.

The hospital hours are **Monday-Friday 7:30am-6:00pm and Saturday 8-10am for boarding only.**

I understand I must pick up my pet during the above listed hospital hours.

I have read and understand the statements above and by my signature, **I agree to the hospital policies:**

Owner's Signature _____

Pet's Name _____ Owner's name (please print) _____

Phone Numbers where you can be reached today _____