

**Wallburg Animal Hospital Drop-Off Form: Wellness and Illness** Date: \_\_\_\_\_

Why is your pet here today? **Please circle and write in any concerns you can provide:**

Yearly Physical Exam    Laboratory Work    Vomiting    Diarrhea    Urinary Problems?    Coughing?

Ear Problem (left or right)    Eye Problem (left or right)

Skin Problems: Itching    Red Skin    Fleas    Skin Sores    Hair Loss

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? \_\_\_\_\_

What is the normal diet? Dry Food    Can Food    Table Food    Treats    Brand \_\_\_\_\_

Any change in the diet 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 a 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 as needed

\_\_\_\_\_ Lab work (ear swab, fecal exam, skin cytology)

\_\_\_\_\_ X-rays due to injury

\_\_\_\_\_ Call me

**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 \_\_\_\_\_