



# BLACK DOG

VETERINARY SERVICES

## DROP OFF FORM

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

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

**Best phone number to reach you at TODAY:** \_\_\_\_\_

Why are you dropping off your pet? \_\_\_\_\_

Eating/drinking normally? \_\_\_\_\_

Normal urination? \_\_\_\_\_

Normal bowel movements? \_\_\_\_\_

Vomiting? \_\_\_\_\_

Diarrhea? \_\_\_\_\_

Coughing/sneezing? \_\_\_\_\_

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

Diet fed? \_\_\_\_\_

Treats? \_\_\_\_\_

Any new food/treats/people food? \_\_\_\_\_

Is your pet taking any medications, supplements, vitamins, etc.? Which ones? How much? \_\_\_\_\_

Please indicate what procedures we have permission to perform:

**Exam**

Urine testing

Bloodwork

Sedation if required

Radiographs (X-rays)

Biopsy (aspirate) of lumps

Ultrasound

Skin scraping or cytology

Fecal testing

Any testing deemed necessary

**NONE OTHER THAN EXAM – MUST CALL FOR PERMISSION FIRST!**

We are happy to provide an estimate of today's services. Payment in full is due at time of pickup of pet.

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