



**Gardendale Pet Clinic**

*Patient Drop-Off Information Sheet*

Owner's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

May we perform any of the listed diagnostics before calling? *(Please Circle)*

(Blood work)      (X-Rays)      (Intestinal Parasite Screen)      (Heartworm Check)

Problem (Please Circle):      *Lethargic*      *Vomiting*      *Diarrhea*

*Excessive Eating/Drinking*      *Limping*      *Itching*      *Crying*      *Loss of Appetite*

Please List any other symptom we should know: \_\_\_\_\_

How long have these symptoms persisted? \_\_\_\_\_

Has your pet eaten anything unusual? (Table Scraps, Fuzzy Toys, Grass, etc.) \_\_\_\_\_

Is your pet inside, outside, or both? \_\_\_\_\_

Is your pet currently on any medication? If so please list: \_\_\_\_\_

Has your pet had his/her medication today? \_\_\_\_\_

We appreciate you taking the time to fill out this form. It helps to ensure that we provide the best possible care for your companion and better service for you. Thank you!

Owners/ Authorized Caregiver Signature \_\_\_\_\_ Date: \_\_\_\_\_

