

PET DROP OFF INFORMATION

North Creek Animal Hospital
2051 FM 2276

Client Name: _____

Telephone Number to reach you _____

Pet's Name: _____ Breed: _____

When was your pet's last meal? _____ What did he/she eat? _____

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food no yes

(please list) _____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems, and what you would like us to do below:

Would you like us to:

- Treat your pet after examination.
- Call you with the findings of the examination and an estimate of treatment cost prior to our treating your pet.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

Signature

Date:

North Creek Animal Hospital is not responsible for damaged or lost items brought into Clinic with pets