



Seven Hills Animal Hospital

Caring for Animals for 25 Years!

Phone: (434) 237-6631

Drop-Off Service

Client Name: _____ Pet Name _____

Date: _____

Phone Number where you can be reached during the day: _____

What procedures should we perform today? (Please ask Receptionist for pricing)

- | | | |
|---|--|--|
| <input type="checkbox"/> Annual Vaccinations | <input type="checkbox"/> Bath | <input type="checkbox"/> Implant HomeAgain Microchip |
| <input type="checkbox"/> Complete Physical Exam | <input type="checkbox"/> Check Anal Glands | <input type="checkbox"/> Bordetella Vaccination |
| <input type="checkbox"/> Treat for Fleas | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Rabies Vaccination |
| <input type="checkbox"/> Treat for Ticks | <input type="checkbox"/> Clean Ears | |

Routine Tests:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Stool Sample | <input type="checkbox"/> Heartworm Test (Dogs) |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Feline Leukemia/AIDS Test (Cats) |

Other: _____

Does your pet have any chronic health problems we should know about? Yes No

If so, please explain: _____

Is your pet currently on medication or a specific diet food/program? Yes No

If so, please explain: _____

Has your pet's behavior changed in any way? (Please check below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Increased Irritability | <input type="checkbox"/> Shaking the Head or Scratching the Ears |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Excessive Itching/Scratching |
| <input type="checkbox"/> Drinking More Water | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Annual Vaccinations |
| <input type="checkbox"/> Foul Breath | <input type="checkbox"/> More Frequent Urination | <input type="checkbox"/> More Frequent Defecation (Stool) or Excessive Gas |
| <input type="checkbox"/> Diarrhea | | |

Other (Please Describe): _____

What are the specific problems (if any) we should examine today? _____

For diabetics having glucose checked, please answer the following:

Has your pet eaten this morning? Yes No

Has your pet had insulin this morning? Yes No

What dose of insulin are you currently giving? _____

Your pet will be ready for discharge between 4:00 pm and 6:00 pm (Mon – Fri):