

# Lake Country Animal Hospital

16495 Hwy 105 West  
Montgomery, TX 77356  
936-588-1141

## Patient Drop-off Form

Client Name \_\_\_\_\_

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

Patient's Name \_\_\_\_\_

\*Phone number where YOU can be reached TODAY: \_\_\_\_\_

Why did you bring your pet in today? (Be as detailed as possible. How long, how much, when did it start, etc.?)

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### History (circle appropriate answer)

Is your pet taking any medication?      Yes                      No  
If yes, please list medications and time they were last given? \_\_\_\_\_

How is your pet's energy level?      Higher than normal                      Normal                      Lower than normal

How is your pet's appetite?                      More than normal                      Normal                      Less than normal

When did your pet eat last? \_\_\_\_\_                      What is your pet's diet? \_\_\_\_\_

Recent dietary changes?                      Yes      No      If yes, please explain. \_\_\_\_\_

How is your pet's water consumption?      More than normal                      Normal                      Less than normal

How is your pet's urination?                      More than normal                      Normal                      Less than normal

Have you noticed diarrhea?                      Yes      No  
If yes, how often and for how many days? \_\_\_\_\_

Have you noticed vomiting?                      Yes      No  
If yes, how often and for how many days? \_\_\_\_\_

Please add any additional information we may need to know.

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May we sedate your pet if absolutely necessary?                      Yes                      No                      Call First

Do you need any medications refilled, including flea/tick and heartworm preventative? If so, please list.

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Please call me before treatment if my fee will be over \$\_\_\_\_\_ (If left blank we will call over \$150)

Would you like to be called prior to treatments or diagnostics being performed?                      Yes      No      please initial here \_\_\_\_\_

Signature of owner or authorized agent \_\_\_\_\_

Date \_\_\_\_\_