

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.?)

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.

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.

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 _____