

Drop-Off Exam Information

Drop-off exam is \$85.00

Client's Name: _____ Date: _____

Pet's Name: _____ Age: _____ Sex: _____ Breed: _____

What will we be seeing your pet for today? (*Please give as much information as possible*)

How long has this problem been present? ____ Days ____ Weeks ____ Months

Was your pet fed today? ____ YES ____ NO Time of last meal: _____

Has your pet received any medications or treatments today? (*Please specify*)

Your pet will be examined before any treatment is administered.

Phone number that we can reach you today: _____

If your pet needs treatment, would you like us to:

Administer any necessary medical treatment (*You will be responsible for fees created by treatment*)

Call and verify estimate prior to treatment

Baker Bristol Pet Hospital requires that each pet be current (within 11 months) on a Rabies vaccine (for dogs and cats). If not current, your pet(s) will be vaccinated at client's cost. _____ (initial)

For the protection of your pet(s) and others in the hospital, it is the policy of Baker Bristol Pet Hospital to administer a single oral dose of Capstar flea control to dogs and cats and apply a single topical dose of Selarid flea control to exotic pet(s) found to have fleas at client's cost. _____ (initial)

If you have your pet(s) on flea control, please list last application date and type.

Date: _____ Type: _____

By signing below, you have indicated that you have read and understand the information on this form.

Signature: _____ Date: _____