

Mechanicsville Animal Hospital Patient Drop off Form

CANINE

PETS NAME: _____

Owners Name: _____

Contact Number: _____

Secondary Contact Number: _____

REASON FOR VISIT: _____

The vaccines/treatments that your pet is due for are highlighted. Please check which options you elect.

The annual wellness exam is applicable with all vaccines.

- DHPP
- RABIES
- BORDETELLA
- LYME
- LEPTO
- ANNUAL WELLNESS EXAM
- HEARTWORM CHECK
- FECAL (STOOL SAMPLE)
- ANNUAL BLOOD CHECK

Additional Services

- NAIL TRIM
- KENNEL BATH
- EXPRESS ANAL GLANDS

Please check all that applies to your pet's current condition

- Behavior Problems
- Vomiting
- Decrease Appetite
- Increase Urine
- Hair loss
- Bleeding Gums
- Blood in stool
- Increase Appetite
- Decrease Urine
- Itchy Skin
- Breathing hard
- Diarrhea
- Increase Thirst
- Ear Problems
- Shaking head
- Loss of balance
- Weight loss
- Decrease Thirst
- Eye Problems
- Sneezing
- Weakness
- Unable to defecate
- Ingested Foreign Substance
- Limb Issues
- Coughing

Duration of your pet's symptoms? _____

Additional Information: _____

I hereby authorize the veterinarian and Mechanicsville Animal Hospital to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit of 50% is required for surgical and/or in-hospital treatments. As the owner/authorized agent for the above patient. I give consent for Mechanicsville Animal and maintain anesthesia if deemed necessary. I understand and accept that there is a risk associated with any type of anesthetic procedure.

SIGNATURE OF OWNER: _____ DATE _____