



MERRIFIELD ANIMAL HOSPITAL

DROP-OFF INFORMATION FORM

Staff Initials _____

Patient: _____

Owner: _____

Why are we seeing your pet today?

- Wellness exam Sick pet exam Boarding with exam

If physical problems are noted during the exam, do we have permission to begin treatment? Yes No

Diet:

- Dry Wet/Canned

Brand: _____

Amount: _____

Time of last meal: _____

Medications (select all that apply):

Flea & Tick - Brand _____

Date last given: _____

Heartworm preventative - Brand _____

Date last given: _____

Other: _____

Does your pet have any of the following symptoms (select all that apply):

- Vomiting Diarrhea Constipation
 Coughing Sneezing Nasal Discharge
 Eye discharge Itchy skin/scratching Limping/lameness
 Change in appetite (circle): increased • decreased
 Change in water consumption (circle): increased • decreased
 Urinary issues (circle): increased • decreased • straining
 Change in behavior Other

Please elaborate on any symptoms checked above (start date, frequency, etc):

Signature: _____

Date: _____