

Cardinal Animal Hospital, P.A.

Drop Off Questionnaire

Owner's Name _____ Contact # _____ Date _____

Pet's Name _____ Pet's Age _____

***It is our hospital policy that all animals dropped off must be current on their vaccinations and must be free of external parasites. Any found to have fleas or ticks will be treated at the owner's expense.**

ANNUAL WELLNESS EXAM & VACCINATIONS:

Canine Wellness Exam Rabies DAP3 Leptospirosis Bordetella HWT Fecal

Feline Wellness Exam Rabies HCP3 Leukemia Fecal

- * Senior Testing (over 7 years of age) Blood Work Urinalysis Declined
- * Do you need flea or Heartworm Preventative? Frontline Interceptor Sentinel Declined
- * Does your pet need their nails trimmed? Yes No

What brand of food do you feed your pet? _____

HEALTH ISSUES: _____

Duration of Condition(s): (e.g. hours, days, weeks etc.) _____

Are there any other problems we should be aware of today? _____

AUTHORIZATION: *Select One*

I authorize the veterinarian to examine my pet then call me at _____ to discuss diagnostic testing and treatment. **Do not proceed prior to talking with me.**

I authorize diagnostic tests and/or treatment not to exceed \$ _____ as recommended by the veterinarian without calling me prior to tests and/or treatment.

Signature _____

Date _____