



Signal Mountain Veterinary Clinic

Pick Up Consult: _____

Patient's Weight: _____

Drop Off Form

Pet's Name: _____ Client's Name: _____

Phone Number: _____ Today's Date: _____

If your pet is here for **Preventative Care** services please initial by each service you would like performed:

Vaccinations (DOGS)

_____ Distemper/Parvo

_____ Bordetella

_____ Leptospirosis

_____ Rabies

_____ **Canine Annual**

(Exam, DHPP, Lepto, Heartworm Test
& Intestinal Parasite Screening)

Vaccinations (CATS)

_____ FDRC

_____ Leukemia

_____ Rabies

_____ **Feline Annual**

(Exam, FDRC, Leukemia & Rabies)

Services & Tests

_____ Intestinal Parasite Screening

_____ Heartworm Test

_____ Leukemia/FIV Test

_____ Anal Sac Expression

_____ Bath Only

_____ Nail Trim

_____ Ear Cleaning

Do you need any medications or preventatives refilled while your pet is here? _____

History and Area of Concern

If your pet is not well, please circle the symptoms you have noticed and note how long they have been occurring.

Itching/Scratching	Coughing	Difficulty Urinating	Vomiting	Fleas	Appetite Increase
Weight Decrease	Lethargic	Inappropriate Urination	Blood in Urine	Blood in BM	Appetite Decrease
Weight Increase	Diarrhea	Excessive Urination	Sneezing	Licking Feet	Eye Problems
Worms in Stool	Rash	Difficulty Defecating	Ear Problems	Hairballs	Excessive Thirst
Behavioral Problems	Hair Loss	Tooth/Mouth Problems	Lameness	Cuts/Abscess	Painful Areas

Please describe any other problems or services you would like us to address: _____

What medications (if any) has your pet received in the last 24 hours?

Medication Name	Amount Given	What Time

Please list any medications or food your pet is sensitive or allergic to: _____

Please let us know if we have your permission to:

Perform Laboratory Tests: _____ Yes _____ No

Take Radiographs (X-Rays): _____ Yes _____ No

Sedate/Anesthetize: _____ Yes _____ No

Would you like us to (CHOOSE ONE):

_____ **Treat your pet after initial examination?**

_____ **Call you with the findings of the examination
and an estimate of treatment cost prior to us
treating your pet?**

Signature: _____

Date: _____