



6225 Highway 58
Harrison, TN 37341

Phone: (423) 344-1913

8116 Standifer Gap Rd
Chattanooga, TN 37421

Fax: (423) 344-7071

Drop off sheet:

Please complete this form in full with owner.

Client name/Patient label	Date: _____ Patient's weight: _____ lbs Location: Inn room ____ / Grooming / Tx Kennels / Lg kennels Contact Number: _____ Checked in by: _____ Discharge date: _____
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Chief complaint/Treatment needed: _____

		History	Yes/no	Notes
Health maintenance	Needs update?	Currently on any medications other than HW/Flea&Tick prevention?	Yes / No	
Rabies	Yes / No / Decline	Allergic to any medications?	Yes / No	
DHPP/FVRCP	Yes / No / Decline	Any injury/accident in the last 30 days?	Yes / No	
Lepto/Leukemia	Yes / No / Decline	Appetite normal?	Yes / No	
Bordetella	Yes / No / Decline	Drinking more/less than usual?	Yes / No	
Canine influenza	Yes / No / Decline	Urinating more/less than normal?	Yes / No	
Heartworm test	Yes / No / Decline	Vomiting?	Yes / No	
Fecal	Yes / No / Decline	Constipation/Diarrhea?	Yes / No	
FeLV/FIV test	Yes / No / Decline	Blood in stool?	Yes / No	
Microchip	Yes / No / Decline	Lethargic?	Yes / No	
Some pets require sedation for adequate physical exam and/or treatment. May we sedate your pet if necessary?	Yes / No / Call first if needed	Weight loss or gain?	Yes / No	
		Behavioral changes?	Yes / No	
		Coughing/sneezing/Gagging?	Yes / No	
If additional testing and/or treatments are deemed necessary by the doctor after examination, may we proceed with the treatment and/or medications?	Yes / No / Call first if needed	Unusual discharge? Location?	Yes / No	
		Shaking head?	Yes / No	
		New lumps? Location?	Yes / No	
		Limping? Which leg?	Yes / No	
		History of seizures? Last one was when?	Yes / No	
Refill of preventatives needed?	Yes / No	Current on heartworm prevention?	Yes / No	
		Do you need any other medications refilled?	Yes / No	

Owner release: All pets entering the hospital or the inn must be free of external parasites (fleas/ticks/etc) or the pet will be treated upon entry at owner's expense. You are to use all reasonable precaution against injury, escape, or death of my pet. The hospital and/or inn staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet in my absence will be treated as deemed best by staff veterinarians and I assume full responsibility for expense involved.

Owner/agent signature: _____ Date: _____

Desired pick up time: _____