



WELCOME TO ANIMAL CLINIC EAST



1640 E Isaacs Ave ♦ Walla Walla WA 99362 ♦ 509.522.0763

DROP OFF FORM

Please fill out to the best of your knowledge:

Date: _____

Owner's Name: _____ Pet's Name: _____

Email Address: _____ Email Reminders: Y / N (circle one)

Daytime Phone Number: (and name if different than above) _____

Reason pet is here: _____

How long has this been going on? _____

May we sedate your pet if the doctor deems it necessary? (additional Fee applies) Yes / No

May we perform blood work if the doctor deems it necessary? (additional Fee applies) Yes / No

May we perform x-rays if the doctor deems it necessary? (additional Fee applies) Yes / No

Is your pet on any medications? (What type and how often?) _____

Did your pet have any medication today? Yes / No What time? _____

Does your pet go outdoors? Yes / No

Is your pet on flea medication? (type and last date given) _____

If my pet is found to have transmissible conditions (such as fleas, ticks, ear mites) I give my permission for treatment. (For the protection of all, pets can't be admitted without this permission) Yes _____ initial

If your pet is not current on vaccinations would you like us to update them today? Yes / No

What brand of food do you feed? _____

When did your pet last eat? _____

Have you observed any of the following in the past week? Please check all that apply.

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Change in activity | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Straining to urinate |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Scooting | <input type="checkbox"/> Increased urination |
| <input type="checkbox"/> Excessive drinking | <input type="checkbox"/> Coughing | <input type="checkbox"/> Shaking head/Scratching at ears |
| <input type="checkbox"/> Abnormal bowel movements | <input type="checkbox"/> Sneezing | |

If your pet is not **microchipped** would you like us to implant one for \$39? Yes / No

Any additional questions or comments? _____

***I understand that payment is due in full upon my pet's discharge.
My method of payment will be:***

- Check** **Debit or Credit Card** **Cash** **Care Credit Account**

Signature: _____