Caring for Animals for over 30 Years!
Phone: (434) 237-6631

7 HILLS ANIMAL HOSPITAL

Drop Off Service

Client Name: _____ Pet Name _____

Date: _____

Phone Number where you can be reached during the day: _____

What procedures should we perform today? (Please ask Receptionist for pricing)

- ☐ Annual Vaccinations
- ☐ Bath
- ☐ Implant HomeAgain Microchip
- ☐ Complete Physical Exam
- ☐ Check Anal Glands
- ☐ Bordetella Vaccination
- ☐ Treat for Fleas
- ☐ Nail Trim
- ☐ Rabies Vaccination
- ☐ Treat for Ticks
- ☐ Clean Ears

Routine Tests:

- ☐ Stool Sample
- ☐ Heartworm Test (Dogs)
- ☐ Urinalysis
- ☐ Feline Leukemia/AIDS Test (Cats)

Other: _____

Does your pet have any chronic health problems we should know about? ☐ Yes ☐ No

If so, please explain: _____

Is your pet currently on medication or a specific diet food/program? ☐ Yes ☐ No

If so, please explain: _____

Has your pet's behavior changed in any way? (Please check below)

- ☐ Loss of Appetite
- ☐ Increased Irritability
- ☐ Shaking the Head or Scratching the Ears
- ☐ Coughing
- ☐ Vomiting
- ☐ Excessive Itching/Scratching
- ☐ Drinking More Water
- ☐ Sneezing
- ☐ Annual Vaccinations
- ☐ Foul Breath
- ☐ More Frequent Urination
- ☐ More Frequent Defecation (Stool) or Excessive Gas
- ☐ Diarrhea
- ☐ Other (Please Describe): _____

What are the specific problems (if any) we should examine today? _____

_____

For diabetics having glucose checked, please answer the following:

Has your pet eaten this morning? ☐ Yes ☐ No

Has your pet had insulin this morning? ☐ Yes ☐ No

What dose of insulin are you currently giving? _____

Your pet will be ready for discharge between 4:00 pm and 6:00 pm (Mon – Fri):