

TUTTLE ANIMAL MEDICAL CLINIC

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Dr. STEVE KOCH DVM Dr. CHARLES BALDWIN DVM Dr. EVAOJOLICK-RYAN DVM

DROP-OFF FORM

first-name, last-name

animal's name

date

breed

Number where (name) _____ **can be reached today:** _____

1. Physical exam _____

3. Heartworm test _____

5. Nail Trim _____

2. Vaccines _____

4. Fecal exam _____

6. Anal glands _____

7. Other: _____

If your animal is sick, please complete the following:

1. Brief description of Symptoms: _____

2. How long have the symptoms been present?

3. Have they occurred previously? _____ When?

CIRCLE THE APPROPRIATE ITEMS:

1. Appetite: Good Fair Poor None

2. Bowel Movements: Normal Hard Soft Diarrhea

3. Drinking: Normal Increased Decreased

4. Vomiting: None Food Mucus Blood

5. Urine: Normal Increased Strains Blood

When did your animal last eat?

Is your animal currently on any medication? _____ What kind?

Date of last Heartworm Prevention? _____ Type _____

Date of Flea Prevention? _____ Type _____

Does your animal go outside unsupervised?

If sedation, anesthesia, or any diagnostics are necessary for treatment or handling, I give Animal Medical Clinic permission to administer such medication and/or treatment.

I give *Tuttle Animal Medical Clinic* permission to perform diagnostics/treatments up to \$ _____

Please call for permission before any treatment or diagnostics performed _____ (initial)

Payment in full is required when your animal is released.

Signature _____