



PATIENT DROP OFF FORM

Date:

Client ID:

Patient ID:

Client Name:

Patient Name:

Address:

Species:

Age:

Phone:

Breed:

Sex:

Weight:

Email:

Is your pet on an Agape Pet Hospital Wellness Plan? [] Yes [] No

Do we need to contact your previous Veterinarian for your pet's medical history? [] Yes [] No
Previous Vet: _____

Does your pet have any previously diagnosed health concerns that we need to be made aware of? [] Yes [] No
Explain _____

Has your pet ever had a negative experience in a Veterinary setting? [] Yes [] No Explain _____

Has your pet ever had an allergic reaction? [] Yes [] No Explain _____

Is your pet on a monthly flea/tick prevention? [] Yes [] No Name of prevention: _____

Is your pet on a monthly heart worm prevention year-round? [] Yes [] No Name of prevention: _____

When was prevention last given? _____

What food is your pet eating? Is it Grain Free? Have you changed your pet's food recently? When?

List all medications your pet is currently receiving, including supplements.

Reason for Todays Visit/Concerns

What symptoms of illness/injury is your pet experiencing? Was the onset of symptoms immediate or gradual? How long?

How is your pet's Appetite/Water Intake? If not normal please explain, _____

To your knowledge has your pet ingested a new food, any small objects or gotten into the trash lately? If yes, explain, _____

Additional treatments _____

I approve diagnostic bloodwork [] Yes [] No

I approve diagnostic x-rays [] Yes [] No

I approve diagnostic urinalysis [] Yes [] No

I approve diagnostic fecal test [] Yes [] No

Please give phone numbers that you can be reached at today. _____ / _____

By signing below, I give my permission for my pet(s) to be examined and treated by Agape Pet Hospital, LLC. I further agree to pay all charges associated with treatments upon discharge of my pet. Please note that full payment is due upon discharge. We do not offer open accounts.

Owner/Authorized Agent _____ Date: _____