



WOODSTOCK Veterinary Hospital

Where we care & protect!

Patient Drop Off Form

Client Information

Name _____

Address _____

Phone _____

Email _____

Patient Information

Name _____

Breed _____

Color _____ Age _____

Male () Female ()

Spayed/Neutered? () YES () NO

For your pet's protection Woodstock Veterinary Hospital requires that any pet dropped off for any reason MUST be fully vaccinated and a fecal check within 6 months. A Capstar/Advantus will also be given to ensure a flea free environment for all out patients. Only the doctor can determine waiving requirements due to health concerns of the pet.

Reason for Drop Off: _____

My pet is up to date on: Vaccines: () Yes () No () Unsure
Fecal: () Yes () No () Unsure
Heartworm Test: () Yes () No () Unsure

Circle any specific issues that apply:

Coughing Sneezing Vomiting Diarrhea Limping Lameness Itching
Shaking Head Nasal Discharge Lethargy Blood in stool Eye Discharge Mass/Growth
Hair loss Other: _____

How long ago did symptoms begin? _____

Location of growth/hair loss, if applicable: _____

Changes in appetite or water intake? () Yes () No If yes, explain:

Flea/Heartworm Prevention: () Yes () No What kind(s)? _____

Have you been to another Veterinarian since your last visit? _____

Any other information to better help the doctors care and treat your pet? _____

Signature _____ **Date** _____

Phone number(s) where you can be reached today? _____