

## CVAC Drop-Off Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

What is the major Complaint?

\_\_\_\_\_

How long has it been going on? \_\_\_\_\_

Please place an "X" by any of the following symptoms that apply and indicate how long they have been acquiring.

- |   |   |
|---|---|
| <input type="checkbox"/> Not Eating _____         | <input type="checkbox"/> Scratching _____   |
| <input type="checkbox"/> Not Drinking _____       | <input type="checkbox"/> Shaking Head _____ |
| <input type="checkbox"/> Drinking in excess _____ | <input type="checkbox"/> Limping _____      |
| <input type="checkbox"/> Lethargic _____          | <input type="checkbox"/> Scooting _____     |
| <input type="checkbox"/> Acting Painful _____     | <input type="checkbox"/> Diarrhea _____     |
| <input type="checkbox"/> Coughing _____           | <input type="checkbox"/> Vomiting _____     |
| <input type="checkbox"/> Sneezing _____           | <input type="checkbox"/> Weight Loss _____  |
| <input type="checkbox"/> Runny Nose _____         | <input type="checkbox"/> Weight Gain _____  |

Does your pet need any additional services while he/she is here?

(Please put an "X" by any of the following)

- |   |   |
|---|---|
| <input type="checkbox"/> Vaccinations (Distemper/Parvo and/or Rabies) | <input type="checkbox"/> Feline Leukemia/FIV Test |
| <input type="checkbox"/> Bordetella Vacc. (Kennel Cough)              | <input type="checkbox"/> Check Teeth              |
| <input type="checkbox"/> Deworming                                    | <input type="checkbox"/> Nail Trim                |
| <input type="checkbox"/> Heartworm Test                               | <input type="checkbox"/> Express Anal Glands      |

Has your pet eaten in the last 10-12 hours?  Yes  No

May we sedate your pet if necessary?  Yes  No

May we do blood work if necessary?  Yes  No

May we do x-rays if needed?  Yes  No

Please indicate anything else you feel your pet is in need of at this time.

\_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Phone number where we can reach you at today: \_\_\_\_\_

\_\_\_\_\_