

Old Dominion Animal Hospital  
Client Drop off Form

Date:

Patient Name:

Client Name:

Telephone:

Car Make Model Color:

Reason For Visit Today:

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Please circle yes or no to the following questions:

1. Is your pet Eating/Drinking Normally? Yes No

Explain: \_\_\_\_\_

2. Any Vomiting? Yes No - If yes, how long & how often? What did it look like?

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3. Any Diarrhea? Yes No - If yes, how long & how often? \_\_\_\_\_

4. Does he/she seem painful/limping? Yes No - If yes, where & how long?

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5. Does he/she have any lumps/bumps you would like for us to look at today? Yes No  
If yes, how long have you noticed them & where are they located

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6. Is he/she on any types of medication (s)? Yes No - If yes, what type (s), how often  
given and when was the last time it was administered?

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7. Are there any other concerns that you would like to let us know about? Yes No

Explain: \_\_\_\_\_

8. Would you like a nail trim today (\$18.75)? Yes No

9. Would you like his/her anal glands expressed today ( \$38.50)? Yes No

10. Would you like to have him/her microchipped today( \$66.00)? Yes No

11. Do you need any Nexgard, Revolution or Heartgard today? Yes No

How many Nexgard? \_\_\_\_\_ How Many Heartgard? \_\_\_\_\_ How many  
Revolution? \_\_\_\_\_

12. Would you like to do any additional bloodwork besides heartworm test today?

13. What vaccination would you like performed today? ( lyme is for ticks, lepto is for drinking/swimming out of streams and ponds)

Distemper

Rabies

Lepto

Lyme

Bordetella

Influenza

14. Do you need any refills of any other medications?

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