

Ocoee Animal Hospital
88 All Creatures Place
Blue Ridge, GA 30513
(706) 632-7387 FAX (706) 632-7807

Treatment Drop Off Form (Excluding Surgery)

Client _____ Mailing Address _____

*Phone _____ Patient(s) _____ Date _____

Yearly vaccinations, testing requested: _____

K-9 Vaccinations/Procedure

- Wellness Exam
- Rabies
- Distemper/Parvo
- Bordetella
- Lymes
- Heartworm Test
- Intestinal Parasite Check

Feline Vaccinations/Procedure

- Wellness Exam
- Feline-4
- Rabies
- Intestinal Parasite Check

What is/are the requested treatment(s)/exam(s) or procedure(s)/problems? _____

When did problem(s) begin? _____

Has it gotten worse or stayed the same? _____

Any (please circle): coughing, sneezing, vomiting, diarrhea, lying around more, scooting, shaking head, scratching, loss of appetite, limping, drinking more, urinating more, and lumps

Any previous treatments: _____

If yes, please describe: _____

Any veterinary care elsewhere within last 12 months: _____

If yes, what/where? _____

What is pet's diet? _____

Any table food or treats? _____

Any other questions for the doctor: _____

Do we have permission to sedate your pet (only done if necessary)? _____

*AT WHAT NUMBER(S) CAN WE CONTACT YOU TODAY FOR QUESTIONS OR FOR ESTIMATE OF ANY ADDITIONAL TREATMENT NECESSARY?

What time do you want to pick your pet up today? _____

Signature _____

* NOTE: MUST HAVE TELEPHONE NUMBERS WHERE YOU CAN BE REACHED TODAY.