



# Hudson Veterinary Hospital

Complete, Compassionate Care  
For Your Companion

## PET DROP-OFF FORM

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

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

Pet's Name \_\_\_\_\_

Please leave a number where you can be reached **at any time today** should the doctor need to speak with you.

( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

Please list any additional services your pet needs today: \_\_\_\_\_

Has your pet had anything to eat today?  Yes  No If yes, what time and how much? \_\_\_\_\_

Normal diet fed: \_\_\_\_\_

Please check any/all symptoms that apply:

Vomiting		Increased Water Intake		Coughing or Sneezing	
Diarrhea		Increased Urination		Skin Problems/Scratching	
Decreased Appetite		Weight Loss		Lumps or Bumps	
Increased Appetite		Weight Gain		Bad Breath	
Lethargy		Pain		Scotting	

Vaccinations, labwork, or other services needed:

Canine Rabies		Canine Leptospirosis		Fecal Test	
Canine Distemper		4dx Heartworm Test		Nail Trim	
Canine Bordetella		Feline Rabies		Anal Gland Expression	
Canine Influenza		Feline Distemper		Heartworm Preventative	
Canine Lyme		Feline Leukemia		Flea & Tick Preventative	

Please list any/all medication(s) your pet is currently taking and when the last dose was given:

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

If **X-Rays** are necessary for treating your pet today, do we have your permission?  Yes  No

If **Blood Work** is necessary for treating your pet today, do we have your permission?  Yes  No

If **Sedation** is necessary for treating your pet today, do we have your permission?  Yes  No

I give permission for my pet to be treated as described above and I agree to be financially responsible.

\_\_\_\_\_  
Signature of Owner or Guardian