

Bradford Animal Hospital  
211 Woodpecker Rd., Statesville NC 28625  
704-876-2031 Fax 704-876-2034

## Drop Off Form/Day Care

Client/Patient Label

**Please note that animals dropped off at the hospital must be current on their vaccines and parasite free. If vaccines are not up to date, we will perform them at the owner's expense. A complimentary Capstar tablet, for fleas, will be given upon drop off.**

Initials: \_\_\_\_\_

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

1. Presenting problem? \_\_\_\_\_  
\_\_\_\_\_
2. How long has this problem been present? \_\_\_\_\_
3. Where is the pain or problem located? \_\_\_\_\_
4. Has this pet been previously treated for this problem? \_\_\_\_\_
5. Have you given any medication for this problem? And what? \_\_\_\_\_  
\_\_\_\_\_
6. What medication does this pet take? \_\_\_\_\_  
\_\_\_\_\_

### PLEASE CIRCLE THE APPROPRIATE ANSWER

- |                            |        |           |            |
|----------------------------|--------|-----------|------------|
| 7. Appetite                | Normal | Decreased | Increased  |
| 8. Water Drinking          | Normal | Decreased | Increased  |
| 9. Urination               | Normal | Decreased | Increased  |
| 10. Attitude               | Normal | Listless  | Aggressive |
| 11. Diarrhea               | Yes    | No        |            |
| 12. Coughing               | Yes    | No        |            |
| 13. Sneezing               | Yes    | No        |            |
| 14. Did your pet eat today | Yes    | No        |            |

**\*\*\*\*\*If the Veterinarian deems it necessary to perform blood work or X-Rays to evaluate and diagnose o perform blood work to evaluate and diagnose your pet, at an additional cost, please indicate by initialing here:**

\_\_\_\_\_

Name to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Bradford Animal Hospital is a Flea Free Facility\*\***