

Drop-Off Exam Information Sheet

(for Boarding, Grooming, and Daycare)

So that we may fully understand the nature of your pet's medical needs, please take the time necessary to complete this information sheet. Thank you.

Pet's Name:	Owne	er's Name:	
Boarding Dates:	or Circle One:	Grooming / Daycare	Pick-up Time:
Earl	y pick-up times may need to be exten	ded in order to accommodate the	exam.
Phone number(s) where you	can be reached:		
Describe the nature of your p	et's medical need(s):		
How long has pet had	this condition?	Is the condition getti	ng: Worse Better Same
Is your pet currently of	on any prescribed or over	the counter medication	on? Yes or No
If yes, give type, dosa	ge and when last admini	stered:	
• •	l recent medical treatmen / we obtain those records	-	oblem? Yes or No
		ich as cytology, in order to	provide proper treatment. These et.
Please mark the location(s) of growth	is, hot spots, areas of concern, etc	, that are to be examined by	the veterinarian on the drawings below.
	(R)	(L) X	
J J		~	
Stomach View		(R)	Back View
Any other things needed? He	eartworm Test, Lyme Vacci	ine, Heartworm Meds, F	'lea/Tick Control, etc?
List:	•		
	nave your pet examined the date of the date of the date of the patient's needs and work easy to be a set of the patient of the		

have adequate time for a thorough evaluation. Urgent requests may require additional fees.

Pet Owner Signature

Date

Old Mill Boarding Kennel Employee

Please note: unless a specific veterinarian has been requested, your pet will be examined and treated by the veterinarian in charge of treatments today.

