



Patient Drop-Off Information

Thank you for dropping off your Pet with us today!

Today's Date: ____/____/____

Mrs. ___ Mr. ___ Dr. ___ Ms. ___

First Name: _____ MI: ____ Last Name: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

(Please Circle Preferred Number that we can reach you) Email: _____

Important Health Information

Pet's Name: _____

Why did you bring your Pet in today? (Be as detailed as possible. How long, how much, when did it start)

Is your Pet taking any medication?

___yes ___no

If yes, what medications and when were they last given?

Has your Pet ever had a reaction to any medication or vaccine? ___yes ___no

If yes, what medications and when were they last given?

Do you need any medication refills, including flea/tick and heartworm prevention? If so, please list below:

When did your Pet eat last?

___<2 hrs. ___2-6 hrs. ___12-14 hrs.

___over 24 hrs.

Additional Care Services that are highly recommended while under sedation to minimize stress to your pet:

Would you like your Pet's nails clipped? \$12

Would you like your Pet's ears cleaned? \$18

Would you like your Pet's anal glands expressed? \$25

Would you like to microchip your Pet today? \$35

Pet arrived with: ___carrier ___collar ___leash other: _____

Authorization To Provide Care

I am the owner or authorized agent of the owner of the Pet listed above, hereby authorize and direct the veterinarians of Uni Pet Clinic or their assistants to perform the services described above and all other procedures, diagnostics, treatments, and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my Pet.

Endorsement _____ Date _____