

NORTH TOLLWAY PET HOSPITAL

4727 Frankford Rd. Ste. 365

Dallas, TX 75287

Tel:(972)733-3340 Fax:(972)733-7228

DROP-OFF FORM

Client Name _____ Patient _____

Date when symptoms started? _____

Is your pet:

- | | | |
|---|---|--|
| <input type="checkbox"/> Eating normally | <input type="checkbox"/> Not eating | <input type="checkbox"/> Eating ravenously |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Gagging | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Diarrhea w/blood | <input type="checkbox"/> BM Straining |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Urine w/blood | <input type="checkbox"/> Scooting |
| <input type="checkbox"/> Shaking head | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Limping (Which leg <input type="checkbox"/> Rt.Front <input type="checkbox"/> Lf.Front <input type="checkbox"/> Rt.Rear <input type="checkbox"/> Lf.Rear) | | |

Please give any information about your pet that may further assist us:

Is your pet on heartworm preventative? Yes No

When and where did your pet have their last vaccines? _____

I authorize the Doctor in addition to the normal \$45 examination fee to spend up to \$_____ in diagnostics prior to contacting me. (Basic Diagnostic Blood test cost from \$72-\$149)

**Would you like us to give your pet a Home Again Chip while here today?
 yes no \$38.50 (plus \$24.99 registration fee)**

Phone number where you can be reached: Home _____

Work _____ Cell _____

Email _____

If we cannot reach you, do you want us to proceed with treatment: yes no

I agree that I am the owner of this pet and allow the doctor(s) at North Tollway Pet Hospital to treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand that full payment is required at discharge.

Owner Signature: _____ Date: _____