



DROP OFF INFORMATION SHEET

Client Name: _____

Patient Name: _____

Age: _____ **M** _____ **F** _____ **Altered?** **Y** _____ **N** _____

Are vaccinations current? **Y** _____ **N** _____

Reason for drop off today? _____

When did you first notice the symptoms? _____

Have there been any changes in diet? _____

Has your pet gotten into any poisons, garbage, or bones? _____

Any additional information you can provide? _____

After a thorough physical exam, the doctor may want to perform additional testing. If Dr. Roti feels it is necessary, would you authorize the following tests:

In-house CBC/Blood Profile and Electrolytes: **Y**__**N**__ (\$198.66)

X-Rays, 2 Views: **Y**__**N**__ (\$51.98 – \$132.48)

Fecal Analysis: **Y**__**N**__ (\$26.41)

Complete Urinalysis: **Y**__**N**__ (\$40.58)

Please call me before running any of the diagnostic tests _____

Phone Numbers where you may be reached:

_____ **#** _____

Signature _____ **Date** _____