



ANIMAL HOSPITAL of  
**South Bay**

## Drop Off Form

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

Reason for visit: \_\_\_\_\_

Current medications/dose/frequency given: \_\_\_\_\_

**Appetite:** Good  Fair  Not eating  Excessively eating

**Current diet** (brand and wet or dry or both): \_\_\_\_\_

**Does your pet have any of the following clinical signs?**

Sneezing  Vomiting  Excessive drinking  Coughing  Diarrhea  Excessive urinating

If so, for how long? \_\_\_\_\_

**Have you notice any weight loss?** Yes  No

**Is your pet** Indoor  Outdoors  or Both

**Do you use flea control?** Yes  No

**If so what type:** Revolution  Advantage  Frontline  Comfortis  Other  \_\_\_\_\_

**How often do you apply flea treatments?** \_\_\_\_\_

**When was the last flea treatment given?** \_\_\_\_\_

*Capstar will be given to pets presenting with fleas/flea infestation problem (\$9)*

### Grooming Services

Flea Bath  Regular Bath  Medicated Bath (\$7 add.)  Lyme dip (ringworm)

Panty clip  Belly shave  Chest shave  Demat  (\$5 per 5min) Lion cut  Nail Trim

**Any special instructions:** \_\_\_\_\_

**Nailcaps application:** Front only  Back only  All four paws  Our supply  Your supply

I, undersign, do hereby certify that I am the owner, or authorized agent for the owner of the pet and also have authority to execute this if I fail to pick up my pet (s) by closing time. I will be responsible for any additional fees for boarding.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Contact #** \_\_\_\_\_