

**Tender Care Animal Hospital LLC
1420 E. Lessard Street
Prairie du Chien, WI 53821**

Patient Drop-Off Information Fact Sheet

Pet Owner's Name _____

Pet's Name _____ **Pet's Age** _____

Presented for Wellness Exam, Parasite Tests and Standard Immunizations.

Due for – Dhlppc, Lymes, Bordetella, Rabies, Fecal, Heartworm Test, Urinalysis, Thyroid, Blood Work.

Due for – FVRCP/FELV, Rabies, Fecal, Heartworm, Thyroid, Blood Work.

My pet has had this illness or injury for _____ Hours, Days, Weeks, Months, Years.

PLEASE CIRCLE APPROPRIATE SYMPTIONS:

Not Eating Well	Gagging	Not Drinking
Not Eating At All	Loose Stools or Diarrhea	Abnormal Urination
Eating Excessively	Constipation	Lameness
Vomiting	Drinking Excessively	Eye Problem
Ear Problem	Skin Problem	Pain In _____

Please describe the details of the above symptoms and any other information for the doctor.

When did your pet last eat? _____ Medications currently taking _____

To determine a diagnosis and begin treatment, laboratory tests or radiology services may be required. The Doctor Will call you to discuss these procedures and cost. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible. Please be certain that you have noted the best number to reach you in the next few hours.

What medication did you give today? _____

Best number to reach you from 9 – 12 A.M.? _____ 12 Noon - 5 P.M. _____

I authorize the hospital to expend up to \$ _____ in diagnosis or treatment of my pet as needed. Please Call if additional services are required. All pets are tested for parasites as part of diagnosis and prognosis.

Signature _____ Pet Owner or Agent Date _____