



Outpatient/Drop Off Form

Last Name _____ Patient _____ Date _____

If your pet is being dropped off for an abdominal ultrasound, it is necessary to clip the hair on the area to be examined. Please call at 3 p.m. to check on the status and anticipated go home time of your pet.

List any new problems or concerns:

Is your PET currently taking any medications? YES NO

If yes, please list below:

| Name | Strength | Amount Given and Frequency |
|-------|----------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

When did your pet last eat? Day _____ Time _____ a.m. p.m.

What is your pet’s normal feedings schedule?

Dry: Amount _____ Frequency= once daily / twice daily / three times a day / free choice

Canned: Amount _____ Frequency= once daily / twice daily / three times a day / free choice

If dropping off:

Please list contact name and phone numbers for the day

Name of contact _____

Phone numbers where the contact person can be reached:

Daytime _____ Evening _____

Pager _____ Cellular _____

Other _____

Owner signature: _____