

**Novoy Animal Hospital**

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**Drop Off Form**

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

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Whom should we contact today regarding medical decisions? \_\_\_\_\_

What phone number(s) should we use to discuss your pet's care today? \_\_\_\_\_ or \_\_\_\_\_

Are there times today that you will be unavailable by phone? \_\_\_\_\_

Has your address or phone number changed since your last visit? Yes No

If yes, please list any changes: \_\_\_\_\_

Please list any belongings you are leaving with your pet today: \_\_\_\_\_

**Please check the primary problem(s) or reason for your pet's visit today:**

- |  |   |
|--|---|
| <input type="checkbox"/> Annual wellness exam        | <input type="checkbox"/> Lethargy or weakness             |
| <input type="checkbox"/> Vaccinations, boosters      | <input type="checkbox"/> Diarrhea or change in stools     |
| <input type="checkbox"/> Heartworm test              | <input type="checkbox"/> Vomiting                         |
| <input type="checkbox"/> Follow-up on previous visit | <input type="checkbox"/> Change in appetite, weight loss  |
| <input type="checkbox"/> Post surgery follow-up      | <input type="checkbox"/> Drinking or urinating frequently |
| <input type="checkbox"/> Blood work                  | <input type="checkbox"/> Coughing or sneezing             |
| <input type="checkbox"/> Bath                        | <input type="checkbox"/> Itching or hair loss             |
| <input type="checkbox"/> Microchip                   | <input type="checkbox"/> Lameness or pain                 |
| <input type="checkbox"/> Nail Trim                   | <input type="checkbox"/> Other: _____                     |

If any problem(s) checked above, when did it start? \_\_\_\_\_

Describe in detail your pet's current symptoms and/or behaviors: \_\_\_\_\_

If seen previously for this problem, was prior treatment effective? \_\_\_\_\_

After examining your pet, the doctor may recommend diagnostic testing (bloodwork, x-rays, etc). This may be necessary in order to accurately diagnose your pet and recommend appropriate treatment. The cost of diagnostics typically range from \$50.00- \$300.00. If such testing is recommended, would you like us to:

- Proceed with diagnostics       Proceed up to \$ \_\_\_\_\_
- Contact you with an estimate

Pets that are dropped off are examined throughout the day, according to the severity of their illness or injury. They are seen by the first veterinarian available, in between their appointments and surgeries. If you have a veterinarian preference, we will do our best to accommodate your request. Please be advised that if your veterinarian of choice is busy, your pet's examination may be done later in the day.

**PICK UP TIME FOR ALL PETS THAT ARE DROPPED OFF IS BETWEEN 4:00 AND 6:00 PM, unless otherwise notified by our veterinary staff. If you have not heard from a doctor by 4:00 please call 850-878-8800.**

**Payment is due when services are rendered. For your convenience, we accept Cash, Check, and all Major Credit Cards**