

Avery Creek Pet Hospital  
565 Long Shoals Rd Suite 105  
Arden, NC 28704  
828-651-8868

**Drop Off Form**  
Drop off Fee \$12.74  
Date:

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_

Have we seen your pet for this problem before? Yes/No \_\_\_\_\_

Have you done anything at home to treat this problem? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

How long has this been going on? \_\_\_\_\_

Any diet changes? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Drinking more/less/the same \_\_\_\_\_

Eating more/less/the same \_\_\_\_\_

**If you answer Yes to any of these questions, please elaborate**

Has your pet eaten today? Yes/No \_\_\_\_\_

Has your pet been vomiting? Yes/No \_\_\_\_\_

Has your pet had diarrhea? Yes/No \_\_\_\_\_

Is your pet urinating normally? Yes/No \_\_\_\_\_

Has your pet been sneezing or coughing? Yes/No \_\_\_\_\_

Does your pet seem weak or painful? Yes/No \_\_\_\_\_

Is your pet on any medications? Yes/No If yes, please list all medications.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been in contact with any other animals recently? (Kennel, groomer, Dog Park, trails, strays etc..)? Yes/No \_\_\_\_\_

Any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional services you would like us to do today? Yes/No

Some pets require sedation for an adequate physical examination or treatment. May we sedate your pet if we feel it is necessary? Yes/No/Call first

Phone number(s) \_\_\_\_\_  
\_\_\_\_\_