

DROP OFF FORM

ANIMAL HOSPITAL OF MONTGOMERY
LOUIS GOTTHELF, DVM & MARIA MCCAUSLAND DVM
3310 ATLANTA HIGHWAY, MONTGOMERY, ALABAMA 36109
(334) 272-2200



The information requested tells us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is **VERY IMPORTANT** for you to be as specific as possible. If we need Additional information, we can reach you at the number you gave us today. Thank you.

Owner's Name _____ Date: _____

Your address _____ E-mail _____

Pet's Name _____ Breed _____ Sex _____ Age _____

***Phone number where YOU can be reached TODAY** _____

Is the pet well? _____ or sick? _____ For pets over 7 years old wellness blood chemistry panel YES ___ NO ___

List & Check the things we should do for your pet today

_____ Vaccinations Updated	_____ Denistry	_____ Home Again@
_____ Worm Check	_____ X-Rays	_____ Microchipping
_____ Deworming	_____ Nail Grinding	
_____ Heartworm Test	_____ Bath/Dip	
_____ Feline Leukemia Test	_____ Surgery _____	
_____ Physical Exam (What is wrong _____)		

SURGERY & DENISTRY REQUIRE ANESTHESIA

May we sedate your pet if absolutely necessary ___ Yes ___ No ___ Call (or text) You First

HISTORY

_____ Vomiting?	How long? _____
_____ Diarrhea?	How Long? _____
_____ Listless?	How Long? _____
_____ No Appetite?	How Long? _____
_____ Coughing?	How Long? _____
_____ Gagging?	How Long? _____
_____ Scratching? ___ Skin ___ Ear	How Long? _____
_____ Shaking Head?	How Long? _____
_____ Limping?	How Long? _____ All or Part of the time?
	Which Leg? _____

Please add anything else we need to know or do. _____

Your Signature _____ Are you the owner ? _____

(This gives us permission to follow your instructions.)

Please call the office by 11:00 a.m. to check on progress and in case we have not been able to get in touch with you if