

TAKOMA PARK ANIMAL CLINIC
7330 CARROLL AVE • TAKOMA PARK, MD 20912
301-270-4700
tpacvetscare@gmail.com

DROP-OFF FORM

Client's Name _____ Date: _____

Pet's Name _____ Contact Number _____

Age _____ Breed _____ Sex _____ Spayed/Neutered Yes _____ No _____

Reason for visit today? _____

When did symptoms start? _____

Brand of food your pet eats? _____ Wet _____ Dry _____

What is your pet's appetite like? More _____ Less _____ No change _____

Describe your pet's water intake? _____

Does your pet receive table food? Yes _____ No _____

If yes, what table food has he/she eaten in the past 3 days? _____

Did your pet get into the garbage? Yes _____ No _____ Toxins? Yes _____ No _____ Missing Toys? Yes _____ No _____

Missing clothing? Yes _____ No _____ Table food? Yes _____ No _____ Lakes/Streams/Rivers? Yes _____ No _____

Describe _____

Has your pet been vomiting? Yes _____ No _____ How often 1 to 3 times _____ 4 to 6 times _____

For how many days? 1 day _____ 2 to 3 days _____ >3 days _____

Describe Vomit _____

Has your pet had diarrhea? Yes _____ No _____ If yes how often? 1 to 3 times _____ 4 to 6 times _____ >6 times _____

1 day _____ 2 to 3 days _____ >3 days _____

Describe diarrhea (color/consistency/mucous/blood present)

Is your pet currently on any medications? Yes _____ No _____

If yes, Name _____ Strength _____ How Often _____

Kennel Vaccine need to be updated for K9 hospitalization. Is your pet updated? Yes _____ No _____

Is your pet on Heartworm prevention? Yes _____ No _____ Interceptor _____ Revolution _____ Heartgard _____ Other _____

Is your pet on flea and tick control? Yes _____ No _____ which one? _____

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Are there any changes in your pet's urination habits? Yes_____ No_____

If yes describe the frequency & color if you can_____

*(There will be a \$20 fee for drop-off appointments.)

I give authorization to perform the necessary tests? (i.e. xray, labwork) signature_____

Owner's email address: _____

Note: Please be advised that we are providing services under modified procedures in an effort to keep our staff and clients safe due to COVID-19. Our office is offering CURBSIDE service at this time. As a reminder, we asked that the person bringing your pet to the clinic be free of any COVID-19 related symptoms (as described by CDC). We also ask that if you or the drop off person have been exposed to COVID-19, to please refrain from bringing your pet. Please designate someone else to bring your pet for his/her appointment.

Please be patient with our staff as we are making every effort to make your visit as smooth and successful as possible under these circumstances. Thank you in advance for your patience! If you have any questions, please contact us at the contact number above.