

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

**DROP OFF FORM**

Fee \$11.00  
Date \_\_\_\_\_  
Drop off time \_\_\_\_\_  
Pick up time \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Client Name: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
How long has problem been going on? \_\_\_\_\_

Any diet changes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what changes? \_\_\_\_\_

Drinking more \_\_\_\_\_ or less \_\_\_\_\_ than usual?

Comments: \_\_\_\_\_

Is your pet eating normally? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Has your pet eaten today? Yes \_\_\_\_\_

Has your pet been vomiting? Yes \_\_\_\_\_ No \_\_\_\_\_ Any Blood? \_\_\_\_\_

Has your pet had diarrhea? Yes \_\_\_\_\_ No \_\_\_\_\_ Any Blood? \_\_\_\_\_

If no, how are they different? (color, texture, ect.) \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

Is your pet on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which ones? \_\_\_\_\_

Has your pet been in contact with any other animals recently? (Kennel, groomer, dog park, trails, strays, ect.)? \_\_\_\_\_

Does your pet seem weak or painful? \_\_\_\_\_

Any other information we may need to help diagnose your pet's illness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some pets require sedation for an adequate physical examination, treatment, surgery, or dentistry. May we sedate your pet if we feel it is necessary? Yes\_\_\_\_\_ No\_\_\_\_\_ Call First\_\_\_\_\_

Physical Exam \$38.00 _____	FELV/FIV combo test \$50.00 _____
Urinalysis \$35.00 _____	Fecal Test \$20.00 _____
Complete Blood Count (CBC) \$35.50 _____	General Health Panel \$96.00 _____
Heartworm Test \$36.00 _____	Parvo Test \$50.00 _____
Xrays \$ 55.00 - \$116.50 _____	

I authorize Avery Creek Pet Hospital to perform the diagnostic procedures marked above. I understand that every effort will be made to contact me at the phone number(s) I have provided below before beginning treatment, but should I be unavailable, I authorize the veterinarian to take the necessary measures to stabilize my pet's condition and relieve his/her pain and discomfort. Further treatment will begin once I have been reached.

Signature:\_\_\_\_\_

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