

Town Center Animal Clinic
3886 Lawrenceville Suwanee Rd. Suite 102
Suwanee, GA 30024

Drop-off Form

Client's Name: _____ Pet's Name: _____ Dog/Cat (circle)

Drop off date: _____ Phone number where you can be reached: _____

Medical Information:

1. List any medications you pet is currently taking and how often: _____

2. List any medications your pet is allergic too: _____
3. Has your pet ever had a reaction to vaccines? ___ Yes or ___ No (If yes, your pet may need to be pre-treated with an antihistamine injection)
4. List any previously diagnosed medical conditions: _____
5. Please check off your pet's current symptoms and explain: ___ Vomiting ___ Lack of Appetite
___ Coughing ___ Lameness ___ Skin problems ___ Eye problems ___ Diarrhea ___ Lethargy ___ Scratching
___ Sneezing ___ Urination issues ___ Constipation ___ Tumor or growth ___ Ear problems ___ Other

Explain: _____

6. Number of days problem has persisted: _____
7. Date and time of most recent meal: _____
8. Date and time of last bowel movement: _____ Normal ___ Yes ___ No (Check one)
9. Date and time of last urination: _____ Normal ___ Yes ___ No (Check one)

Additional Services:

Trim nails- \$28 _____ Anal Gland Expression \$22 _____ Microchip \$55 _____

Pharmacy:

1. Heartworm prevention refill (Check one) ___ 6 month ___ 12 month
2. Flea Control refill: (Check one) ___ 6 months ___ 12 months
3. List any other prescriptions you would like refilled including prescription diet dog or cat food:

Vaccinations:

Canine: (Check all that apply): Dhpp ___ Lepto ___ Bordetella ___ Rabies ___ Heartworm test ___
Fecal ___

Annual blood work ___ Annual Senior blood work _____

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Feline: (Check all that apply) : FVRCP___ FELV___ Rabies___ Fecal___ Annual blood work___ Senior blood work___

Client Approval:

_____ (Initial) I authorize whatever test/treatments the doctor feels necessary.

OR:

_____ (Initial) I authorize whatever test/treatments the doctor feels are necessary, but call first with estimate for treatments.

I, the legal owner of the above described pet, being of 18 years of age or older, hereby consent and authorize Dr. Alida Baroco or any other veterinarian employed by Town Center Animal Clinic to examine, prescribe for, and/or treat the above described pet. I certify that I have read, understood, and verified all of the information provided above. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical procedures.

Signature: _____ Date: _____