

Richmond Veterinary Clinic

Sick Patient Drop-off Form

Date: _____

Today's Contact Numbers: First _____

Second _____

____ I will be able to be reached at all times today

____ I will only be able to be reached between _____ AND _____

I request Dr. _____ examine my pet for the following reason(s):

Please Note: Rabies is required by law and is a requirement at RVC. If your pet is not current or you cannot provide proof of a current rabies vaccine, your pet will be required to receive one at today's visit.

Does your pet currently live: ___ Inside only ___ Both inside and outside

Is your pet currently on a flea preventative? ___ Yes ___ No

If so, what brand _____, last applied _____

Is your dog currently on Heartworm preventative? ___ Yes ___ No

If so, what brand _____, last given _____

Diet: _____

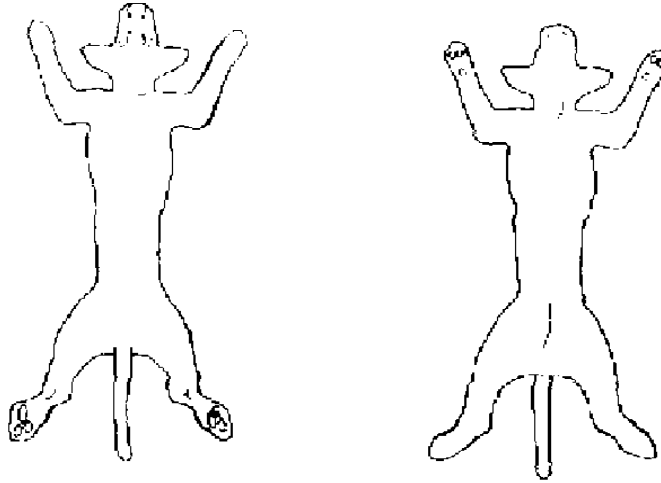
How many times do you feed your pet in a day? _____

Have you noticed your pet having any other problems? Please list below....

Please explain symptoms / history:

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Lumps, bumps, and lesions (please draw where the affected areas are on your pet)



When did you first notice the lumps/bumps/lesions:

Is your pet currently on any other medications? Yes No

If yes, please list and provide dosage and administration:

Do you need any medications refilled today? _____

Please Note: If your pet cannot be handled safely without sedation, we will be unable to complete the examination without authorization to sedate. Sedation is used only when necessary for the safety and well-being of the pet and staff. Initial for permission _____

