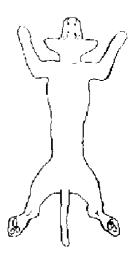
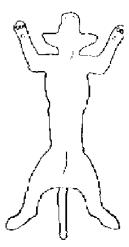
Richmond Veterinary Clinic Sick Patient Drop-off Form

First name:	Last name:	Date:	Pet name:
Today's Contac	t Numbers: First Second	I	
	ble to be reached between	lay	
I request Dr		examine my pet fo	r the following reason(s):
			C. If your pet is not current or you cannot receive one at today's visit.
Does your pet curre	ntly live:Inside only	Both inside and o	outside
	y on a flea preventative?		
	y on Heartworm prevent		
Diet:			
How many times do y	ou feed your pet in a day?		
	et for the following reasons		
•	symptoms started / history:		
	on any other medications? provide dosage and admin		
Do you need any med	lications refilled today?		

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





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

Please choose one:

 \square Please attempt to contact me if anything additional is needed, however proceed if I am not available. I am aware that I will be responsible for any and all costs.

 \square Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand this may mean I need to bring my pet back at another time for diagnosis and treatment.

Please Note: If your pet cannot be handled safely without sedation, we may be unable to complete the examination. Sedation is used only when necessary for the safety and well-being of the pet and staff. An attending Veterinarian will contact you before sedating your pet.

I understand that Richmond Veterinary Clinic requires appointments and that my pet will be seen during an available appointment slot. I understand that a Richmond Veterinary Clinic staff member will call me after the doctor has completed their examination and schedule a time for pick-up. Payment is due at the time services are rendered. I understand I must confirm my appointment 24 hours in advance, or my appointment may not be held.

By signing below, you agree to the above conditions and allow us to treat your pet. Please note: if a signature is not provided, Richmond Veterinary Clinic reserves the right to refuse service.

a· ,	T 1 1 D
Signature:	Today's Date:
orginature.	Today 5 Date.