



# Blue Ridge Plaza Animal Clinic

## Drop-Off Treatment Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone Number where you can be reached today: \_\_\_\_\_

### Vaccines

Needed: \_\_\_\_\_

*\* All animals need to be current on vaccinations*

Is your animal on Heartworm Preventative year around? \_\_\_ Yes \_\_\_ No

If no, when was the last time it was administered? \_\_\_\_\_

If no would you like us to perform a Heartworm Test on you animal? \_\_\_ Yes \_\_\_ No

While your pet is here would you like him/her micro chipped? \_\_\_ Yes \_\_\_ No

### Circle any of the symptoms that your pet is experiencing:

Vomiting Diarrhea Constipated Abnormal Urination Not Eating

Not Drinking Check Ears Check Eyes Check Mouth

Coughing Sneezing Limping Weight Gain Weight Loss Lethargic

Wound Blood in Stool or Urine

Please elaborate on symptoms and add additional information for the Doctor:

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

Has your pet eaten this morning? \_\_\_ Yes \_\_\_ No

Is your pet currently on any medications? If yes, what medications?

Do you need any refills on \_\_\_\_\_ Flea/Tick Medicine \_\_\_\_\_ Heartworm Medication

*\* We are a flea and tick free environment, if there are any spotted on you animal we will have to treat them at your expense.*

To effectively diagnose and treat many problems radiographs, blood tests, and other procedures may need to be done. We will notify you before we undertake these tasks as to their need and costs. By signing below you are authorizing the veterinarian to examine, prescribe for, or treat your animal.

All charges are to be paid for at the time of release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of payment: \_\_\_ Cash \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express

*\*Sorry we do not take checks*

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