

Bay Animal Hospital
Drop-Off Examination Form

Client's Name _____ Patient's Name _____

Phone number(s) where you can be reached: _____

Reason for visit: _____

- Coughing or sneezing? YES / NO If yes, for how long? _____
- Vomiting or diarrhea? YES / NO If yes, for how long? _____
- Eating and drinking normally? YES / NO _____
- Urinating and defecating normally? YES / NO _____
- Current diet: _____
- Current medications and/or parasite control: _____
- In addition to an exam, I request the following services: _____

Your veterinarian will call you to discuss exam findings and recommendations for treatment if needed. We will provide an estimate for additional services.

I acknowledge and agree to accept full financial responsibility for the services provided by Bay Animal Hospital from today's visit.

Signature _____ Date _____