

Falconbridge Animal Hospital
1401 W. NC Hwy 54
Durham, NC 27707



Village Veterinary Hospital
50150 Governors Dr.
Chapel Hill, NC 27517

919-403-5591

www.FalconbridgeAnimal.com

919-967-4779

Drop-off Evaluation Request Form

Client: _____ Patient: _____ Sex: _____
Date: _____ DOB: _____ Species: _____
Phone: _____ Age: _____ Breed: _____
Reason for visit and any recent problems/changes: _____ Are you the pet's primary caregiver? Yes ___ No ___

I understand that current **Wellness Exams, Distemper, and Rabies** vaccines all required for pets, as well as **Parvo, Bordetella, Flu Vaccine (H3N2), and a Fecal Flotation** (dogs only) before admission to the hospital. For those pets not current, vaccines will be updated as long as it is deemed safe and advisable by a veterinarian. I know that I am responsible for associated costs.

I certify that to the best of my knowledge my pet is free of all external parasites upon signing this release. If parasites, such as fleas or ticks, are found, I understand that my animal will be treated on admission for an additional cost.

We can best serve you and evaluate your pet if you provide us with some information:

- Has your pet been **sneezing or coughing**? Yes ___ No ___
 - If Yes, please describe briefly: _____
- Does your pet **vomit**? Yes ___ No ___
 - If yes, how often and please describe: _____
- Does your pet have **diarrhea**? Yes ___ No ___
 - If yes, how often and please describe: _____
- Any change in your pet's **appetite**? Increase ___ Decrease ___ None ___
- Has your pet shown any change in **water consumption**? Increase ___ Decrease ___ None ___
 - If yes, for how long? _____
- Has there been a change in **urination habits**? Yes ___ No ___
 - If yes, please describe: _____
- If a **cat**, does your pet go **outside** at all? Yes ___ No ___ If yes, is it supervised or unsupervised? (circle)
- Does your pet **travel** with you outside of NC or to the coast or mountains? Yes ___ No ___
- What **diet** is your pet currently eating? _____
- What **medications** (including heartworm and flea/tick prevention) is your pet currently taking? _____

Would you like your pet to receive any additional services while with us today?
___ Nail Trim (\$17) ___ Anal Gland Expression (\$24) ___ Ear Cleaning (\$26)

If your pet is sick, we may need to perform bloodwork that can range from \$58 to \$125 depending on the symptoms.
Yes, please run the tests _____ **No, not at this time** _____ **Please call first*** _____

If your pet is sick, we may recommend performing other diagnostic testing, such as x-rays which can vary in price.
Yes, please run the tests _____ **No, not at this time** _____ **Please call first*** _____

Some pets, and some procedures, benefit from **sedation**. Should this apply to your pet, do you authorize sedation to be used today? **Yes** _____ If Yes, when did {NAME} last eat? _____ **No** _____ **Please call first*** _____

***If you are unavailable at the phone number given, we will proceed at the doctor's discretion.**

___ Falconbridge & Village Vets can use my pet's photos on falconbridgeanimal.com and their Facebook page. (Like us on Facebook!)
___ Please call me when my pet is ready to be picked up.

___ I plan to pick up my pet at _____ time; there is no need to call me when you are done.

Signature of Owner or Agent

Phone number to reach you today

Date signed