

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 are required for all pets, as well as **Parvo, Bordetella (6 months), Flu Vaccine (H3N2), and a Fecal Flotation** for dogs before admission to the hospital. Pets not current on vaccines/testing 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.

Have you noted any of these?

Concern	Yes	No	Describe if Yes
Coughing			
Sneezing			
Vomiting			
Diarrhea			

Have you noted changes in any of these?

Concern	Increase	Decrease	Other	None	Describe unless none
Appetite					
Water Consumption					
Urination					
Behavior/Activity					

- If a **cat**, does your pet go **outside** at all? Yes No If yes, is it supervised or unsupervised?
- 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? _____

Additional services: Nail Trim (\$18) Anal Gland Expression (\$24) Ear Cleaning (\$26)

If vet recommended, we may need to perform labwork that can range from \$61.50 to \$197 depending on symptoms.
 Yes, please run the tests **No, not at this time** **Please call first***

If vet recommended, we may need to perform 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 your pet last eat? _____ **No, not at this time** **Please call first***

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

Is it ok to give your pet treats while he/she is here? Yes No

OR Please call me when my pet is ready to be picked up; I know this will likely be after 4:00pm.

I plan to pick up my pet between 4:30 and 5:30pm; there is no need to call me when you are done.

Falconbridge & Village Vets can use my pet's photos on FalconbridgeAnimal.com and their social media pages. (Like us on Facebook & follow us on Instagram!)

Signature of Owner or Agent

Phone number to reach you today

Date signed