Timberlane
Pet Hospital & Resort

Drop-Off Medical Form

Date:_____
Client Name:_____ **Pet's Name:**_____
Contact #'s_____
Information on your pet (Please check all that apply):
My pet lives: [ ] Indoors only [ ] Outdoors only [ ] Indoors & Outdoors
[ ] My pet stays in a boarding facility or visits dog parks at times
[ ] My pet travels out of state at times [ ] My pet plays/walks in wooded areas at times

Does your pet need (Please check all that apply):

[ ] Wellness Examination
[ ] Vaccinations
[ ] Heartworm test
[ ] Intestinal Parasite test
[ ] Routine Bloodwork*
[ ] Workup of a problem*
[ ] Heartworm Preventative
[ ] Flea/Tick Preventative
[ ] Refill of Other Medication*
[ ] Felv/FIV test
[ ] Other *

*Additional Information_____
_____

Does your pet have any of the following symptoms (Please Check all that apply):

[ ] Vomiting
[ ] Lethargy
[ ] Sneezing
[ ] Itching/Scratching
[ ] Eye Discharge
[ ] Odor (Mouth/Ears/Skin/Other)
[ ] New or growing lumps/bumps
[ ] Diarrhea
[ ] Constipation
[ ] Coughing
[ ] Seizures
[ ] Nasal discharge
[ ] Decreased Appetite
[ ] Excessive Urination
[ ] Inappropriate Urination
[ ] Increased Water Consumption
[ ] Ear discharge
[ ] Lameness (which leg?)_____
[ ] Other_____

* Please detail any symptoms/areas of concern (ex. duration, quantity, etc.)_____
_____
_____

Current Medications: _____
When did your pet last receive the medications?_____
Current Diet: _____
Did your pet eat today?_____

Signature of Owner/Responsible Party: _____Date:_____
For faster service please fax (813)-754-1670