

# Animal Wellness & Rehab Center

2115 112<sup>th</sup> Avenue Northeast # 100

Bellevue, WA 98004

Phone : (425) 455-8900 Fax : (425) 455-9946



# DROP OFF FORM

# Animal Hospital of Lynnwood

19503 56<sup>th</sup> Avenue West

Lynnwood , WA 98036-5980

Phone : (425) 771-6300 Fax : (425) 672-1107

Date: \_\_\_\_\_

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

Patient's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Please check the primary problem(s) or reason for your pet's visit today

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Annual Wellness Exam             | <input type="checkbox"/> Surgery                | <input type="checkbox"/> Diarrhea or change in stools     |
| <input type="checkbox"/> Vaccinations, Boosters           | <input type="checkbox"/> Dental Cleaning        | <input type="checkbox"/> Vomiting                         |
| <input type="checkbox"/> Follow-up on previous visit      | <input type="checkbox"/> Post Surgery follow-up | <input type="checkbox"/> Change in appetite, weight loss  |
| <input type="checkbox"/> Blood Work/Glucose curve         | <input type="checkbox"/> Lameness or Pain       | <input type="checkbox"/> Drinking or urinating frequently |
| <input type="checkbox"/> Itching or hair loss             | <input type="checkbox"/> Lethargy or weakness   | <input type="checkbox"/> Coughing or sneezing             |
| <input type="checkbox"/> Cystocentesis (Urine collection) | <input type="checkbox"/> Radiology/Cardiology   | <input type="checkbox"/> Acupuncture/Hydro therapy        |
| <input type="checkbox"/> Ultrasound                       | <input type="checkbox"/> Other _____            |   |

**NOTE:** If any problem(s) checked above, when did it start? \_\_\_\_\_

Treatment/Hospitalization?(If yes) When \_\_\_\_\_ Where \_\_\_\_\_

If seen previously for this problem, was prior treatment effective? \_\_\_\_\_

Describe in detail your pet's current symptoms and/or behaviors: \_\_\_\_\_

Any diagnostic, Blood work, x-ray, ultrasound, MRI done? \_\_\_\_\_



Do you need any pet food, prescription refills or flea preventative? (Please make a list)

Would you like any of the following extra treatments for your pet today?

Microchip       Nail Trim       Bath

**Patient that are dropped off are examined throughout the day, according to the severity of their illness or injury.**  
**PICK UP TIME FOR ALL PATIENTS THAT ARE DROPPED OFF IS BETWEEN 2:30 AND 4:30 PM, unless otherwise notified by our veterinary staff.**  
**If you have not heard from a doctor by 3:00 pm please call (425)771-6300**

Signature:

Date:

Thank you for providing us with this necessary information. Have a great day !!