

# Valley Veterinary Clinic

## Drop-off Check-In form

Pets name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Procedure scheduled : \_\_\_\_\_

Owner concerns: \_\_\_\_\_

Vaccines: UTD \_\_\_ Update vaccines today \_\_\_ Declined \_\_\_\_\_

Neuter: Hernia \_\_\_\_\_ Crypt \_\_\_\_\_ Normal \_\_\_\_\_

Spay: Hernia \_\_\_\_\_ Normal \_\_\_\_\_

Deciduous Teeth: None \_\_\_\_\_ Number of \_\_\_\_\_

Microchip: Today \_\_\_\_\_ Declined \_\_\_\_\_

NOTES: \_\_\_\_\_

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Pre-anesthetic blood work: Declined \_\_\_\_\_ Accept \_\_\_\_\_

Do you need an Elizabethan collar? Yes \_\_\_\_\_ No \_\_\_\_\_

Owner initials \_\_\_\_\_

Date\_\_\_\_\_

Tech initials\_\_\_\_\_