

CAC Drop off Form

Date _____

The information requested tells us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is **VERY IMPORTANT** for you to be as specific as possible. If we need additional information we will need you to contact you, so please be sure to leave us a number where we can reach you today. Thank you!

Owner's name _____

Pet's name _____ Breed _____

Sex M or F Age _____

Is your animal current on vaccinations? **Yes** or **No**

Is your dog on heartworm prevention? **Yes** or **No**

When was the last time it was given? _____ What kind? _____

Expected Pick-up Time: _____

PHONE NUMBER WHERE WE CAN CONTACT YOU TODAY _____

Is your pet Healthy _____ Hurt _____ or Sick _____

What is your pet doing?

_____ Here for routine vaccinations and a fecal _____ Bath and Dip

_____ Needs a heartworm test _____ Other

_____ Needs heartworm prevention (Interceptor)

_____ Needs Vectra

_____ Needs to be de-wormed

_____ Vomiting For how long? _____

_____ Diarrhea For how long? _____

_____ Not Eating For how long? _____

_____ Coughing/Sneezing For how long? _____

_____ Scratching/Licking For how long? _____

_____ Shaking Head For how long? _____

_____ Limping? Which leg? _____ How long? _____

_____ In Heat? How long has she been bleeding? _____

If your dog is here to be bred what stud should we use? _____

If we need to sedate your pet, do we have your permission to do so? **Yes** or **No**

Or do we need to contact you first? If so what is the phone number? _____

Has your pet eaten today? **Yes** or **No**

If there is any other information you feel the Doctor should know please indicate in the space below or on the back!

Client Signature _____ (This gives us your permission to treat your pet as needed). Thank you for choosing Cimarron Animal Clinic.

Your pet's health and safety is our first priority.