

Western Nevada Veterinary Services Drop-Off Appointment Sheet

Date: _____

Owner Name: _____

Patient Name: _____

Phone Numbers where you can be reached TODAY:

Why are we seeing your pet today? _____

Is your pet....

Urinating and defecating normally? Yes No _____

Eating and drinking normal amounts? Yes No _____

Vomiting? Yes No

Having Diarrhea? Yes No

If your pet is having diarrhea or vomiting, how long has it been going on and how frequent is it occurring? _____

If your pet is not vomiting or having diarrhea, but is experiencing another health issue, how long has it been going on? _____

Is your pet currently taking any medications (prescription/over the counter)? _____

Other information: _____

- I understand that Western Nevada Veterinary Services is not a 24-hour staffed facility. If my animal is hospitalized overnight I understand that my animal will be left unsupervised during the hours of 6 pm to 7 am the following morning.
- I understand that the cost of treatment(s) is due at the time of service.
- I give consent for Western Nevada Veterinary Services to treat my animal.

Signature: _____