

**Lakeside Animal Hospital
Drop off Form**

Owner: _____

Pet: _____

Drop Off Date: _____ **Desired Pick- Up Time:** _____

Primary #: _____ **Secondary#:** _____

Reason for Drop Off

The following Vaccines are needed

___ CANINE ___ DHLPPC ___ RABIES ___ BORDETELLA ___ LYME

___ FELINE ___ FDV/FVRCP ___ RABIES ___ LEUKEMIA

The following Laboratory test are needed

___ FECAL ___ HEARTWORM ___ LEUKEMIA/FIV

Special request while here

___ ANAL GLANDS EXPRESSION ___ MICROCHIP ___ SANITARY SHAVE

Would you like to have your pet receive a microchip today? ___ Yes ___ No

Do you need any heartworm or flea preventative today? ___ Yes ___ No

Which one? _____

Have you missed any months? ___ Yes ___ No **How many?** _____

I understand if my pet is not free of external parasites such as fleas and/or ticks, my pet will be treated appropriately at my expense. I also understand my pet must be current on all immunization and laboratory test in order to be hospitalized for any period of time at Lakeside Animal Hospital, Otherwise, my pet will be treated at my expense.

I have read the foregoing, understand what it says, and agree to all terms.

Signature: _____ **Date:** _____

Checked in by _____