

Drop-Off Form
(Laser Surgery)

Pet Name: _____ Date: _____ Client ID: _____

Is your pet currently on heartworm or flea/tick preventive?

- No Yes: Frontline Advantix Revolution Trifexis Vectra Sentinel
 Other _____

Do you consistently administer these preventatives once monthly? No Yes

Refills needed: _____
Medication Quantity(Number of Months) Medication Quantity(Number of Months)

My dog needs: Rabies Vaccine Distemper Vaccine Bordetella Vaccine Leptospirosis Vaccine

Lyme Vaccine Rattle Snake Vaccine Heartworm Test Fecal Screen

My cat needs: Rabies Vaccine Distemper Vaccine Leukemia Vaccine FIV Vaccine

FeLV/FIV Test Fecal Screen

What food(s) does your pet currently eat?

Brand _____ Dry or Wet _____

Brand _____ Dry or Wet _____

Has your pet's behavior, thirst, urination, and appetite been normal recently?

Yes No: _____

Additional Comments: _____

Signature _____

Date _____

Witness _____

I can be reached at the following number: _____