

## DROP OFF INFORMATION: INITIAL EXAM

\_\_\_\_\_ *name of patient*

We are pleased that we could accommodate your schedule by having your pet stay with us for the day. The staff will walk you pet and give him/her water, and any required ocular medication, but we will not be feeding our drop-off patients. **Please keep in mind that since your pet will be worked in to the clinic's surgery schedule, an exact exam time cannot be specified.** The staff will contact you when the examination is finished to discuss diagnoses and treatment, and to schedule pickup.

**Please answer the following questions as completely as possible.**

### **WHAT SYMPTOMS HAVE YOU NOTICED?**

Symptoms:

\_\_\_\_\_  
\_\_\_\_\_

Which Eye(s): \_\_\_\_\_ When did you first notice these symptoms?: \_\_\_\_\_

Has your veterinarian seen your pet for this eye condition? \_\_\_\_\_ How recently? \_\_\_\_\_

### **IS YOUR PET CURRENTLY TAKING ANY MEDICATIONS FOR THIS CONDITION?:**

Medication: \_\_\_\_\_ Number of Times Daily: \_\_\_\_\_

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**WHAT PHONE NUMBER(S) MAY WE REACH YOU AT TODAY?** \_\_\_\_\_

**DO YOU HAVE A PREFERENCE FOR WHEN YOU WOULD LIKE TO PICK UP YOUR PET?**

**→ Please remember, no time can be guaranteed!**

We will keep your preference in mind, but cannot guarantee any time before 5pm.

- Between 12 noon and 2pm
- Between 2pm and 5pm
- After 5pm (*\*we must receive credit card payment over the phone before 5pm*)

We will ask that you schedule for a pick up appointment, to avoid congestion at "pick up time".