CROSSROADS ANIMAL HOSPITAL
651 HWY 71 W
BASTROP, TX 78602
512-321-0506

Staff Initials _____



PATIENT NAME - PLACE PATIENT LABEL HERE

Check-in time:_____

CANINE TREATMENT DROP OFF FORM

PLEASE GIVE US IMPORTANT INFORMATION ABOUT YOUR PET										
Noticed Fleas	:	[]	YES	[] NO	Noticed Ticks		[] YES	[] NO		
On Flea/Tick Prevention:				[] NO	[] YES	Date given		[] Every Mor	nth ?	
On Heartworm Prevention: [] NO			[] NO	[] YES	Date given		[] Every Mor	nth ?		
Date of last Heartworm Test (if not done here): [] POS [] NEG										
Outdoor Habitat: [] Leash Only [] Fenced Yard [] Roams										
Foods:	Brands:				[] Dry	[] Wet				
[] Eats Specific Meals [] Fre					d, What %					
Water Consumption: [] Normal [[] Increased		[] Decreased	d				
Activity Level: [] Very Active [] Normal [] Very Inactive										
Behavior:	[] Disorient	atio	n	[] Less Inter	active w/ Fam	ily	[] Loss of ho	ousetraining		
[] Destructive Behavior			[] Aggression	n Other						
Lameness:	Which Legs	[]	R/F	[] L/F	[] R/R					
[] Constant [] Intermittent										
Difficulty Risi	ng:	[]	YES	[] NO	If YES for how	long				
Vomiting:	[] None	[]	Occasiona	lly	[] Frequent / Frequency?					
	What?	[]	Food	[] Phlegm	[] Yellow Bile	e				
	Constant Rel	atio	nship to Ea	ating?	[] YES	[] NO				
Diarrhea:	[] None	[]	Occasiona	lly	[] Frequent	/ Frequency?				
					[] YES			[] Mucous		
								[]YES	[] NO	
Sneezing:	eezing: [] None [] Occasionally		lly							
Nasal Discharge: [] NO [] YES			[] YES	[] Mucous	[] Watery	[] Bloody	Started			
Itching:	[] None	[]	Seasonal	[] Year-Rour	nd	Itching Where	e			
History of Fig	ht Wounds:	[]	NO NO	[] YES	How Many in	Last 2 Years_				
					Please see ba					
Additional Inf										
K9 Special	[] w/ DR.	Γ				Anal Glands	[] YES	Check Ears	[] YES	
DHLPP	[] Annual	[]	#1	[]#2		Nail Trim	[] YES	S/R(suture)	[] YES	
Bordetella	[] Annual	[]	#1	[]#2		Microchip	[] YES	Full Bath	[] YES	
Rattlesnake	[] Annual	-		[]#2		Fecal	[] YES	Deworm	[] YES	
Rabies	[] YES					HW Test	[] YES			
Senior Wellne		of liv	er, kidneys &	pancreas,etc fro					[] YES	
We ca	nnot guaran	tee a	all pets cor	ning in will be	e free of fleas.	If your Pet is	found to hav	e fleas upon a		
they will be given a single dose of Capstar without consent, at your expense.										

DROP OFF POLICY

Please note: there is no guaranteed pick up time for drop offs, regardless of the time your pet was dropped off. All animals are assessed at time of entry and monitored until one of our Doctors can complete a treatment plan. If you need an estimate prior to any treatment please check here: []. Once a treatment plan has been accepted and administered the Technical Staff will call with updates and/or a ready to go time.

If a Pet is not picked up prior to closing once a ready to go has been given, there will be an overnight boarding charge added at the Owners' expense. (M-F 6:00 pm, Sat 1:00 pm) Payment is due in full at the time of pickup. Some procedures may require partial payment prior to services. We do not offer payment plans, but we can assist you in applying for Care Credit. We also accept all major credit cards and cash. How would you like to be contacted? [] Phone Your signature acknowledges you have read and understood the above policies. Phone # **GROWTH/LESION CHART** Additional information regarding growth GROWTH/LESION CHART: (or other concerns regarding Pet's health) GROWTH/LESION CHART:
Please map on the chart(s) below any growths,
masses or lesions you would like checked and or
removed today. Please leave specific instructions on
length of time noticed, if its gotten bigger/color
change,etc. Also, note if you would like removed,
aspirated or both. Please also leave good, valid
phone numbers so the Doctor can reach you if
possible. Thank you:) **BELLY UP BELLY DOWN** RIGHT SIDE

Thank you for entrusting us with your pet's care. We will do everything we can to honor that trust and provide your pet with the best care possible.

Crossroads Animal Hospital

Staff Initials	Date:	Check-in time:
	2 4 4 4 1	51155K 111 6111151