

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



PHIL FARBER, DVM
JOEY HALLEY, DVM

PLACE PATIENT LABEL HERE

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 Month ?
On Heartworm Prevention: NO YES Date given _____ Every Month ?
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 Free Choice Table Food, What % _____
Water Consumption: Normal Increased Decreased
Activity Level: Very Active Normal Very Inactive
Behavior: Disorientation Less Interactive w/ Family Loss of housetraining
 Destructive Behavior Aggression Other _____
Lameness: **Which Legs** R/F L/F R/R L/R Date Started _____
 Constant Intermittent
Difficulty Rising: YES NO If YES for how long _____
Vomiting: None Occasionally Frequent / Frequency? _____
What? Food Phlegm Yellow Bile
Constant Relationship to Eating? YES NO
Diarrhea: None Occasionally Frequent / Frequency? _____
of BM per day _____ **Straining?** YES NO Blood Mucous
Coughing: None Occasionally Pet frequently with other K9/FEL? YES NO
Sneezing: None Occasionally Frequent
Nasal Discharge: NO YES Puss Watery Bloody Started _____
Itching: None Seasonal Year-Round Itching Where _____
History of Fight Wounds: NO YES How Many in Last 2 Years _____
Growth? YES NO **Please see back of form for further detail.**
Additional Info: (use back too) _____

K9 Special	<input type="checkbox"/> w/ DR.	<input type="checkbox"/> w/ Tech			Anal Glands	<input type="checkbox"/> YES	Check Ears	<input type="checkbox"/> YES
DHLPP	<input type="checkbox"/> Annual	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	Nail Trim	<input type="checkbox"/> YES	S/R(suture)	<input type="checkbox"/> YES
Bordetella	<input type="checkbox"/> Annual	<input type="checkbox"/> #1	<input type="checkbox"/> #2		Microchip	<input type="checkbox"/> YES	Full Bath	<input type="checkbox"/> YES
Rattlesnake	<input type="checkbox"/> Annual	<input type="checkbox"/> #1	<input type="checkbox"/> #2		Fecal	<input type="checkbox"/> YES	Deworm	<input type="checkbox"/> YES
Rabies	<input type="checkbox"/> YES				HW Test	<input type="checkbox"/> YES		
Senior Wellness: (evaluation of liver, kidneys & pancreas, etc from blood test)								<input type="checkbox"/> YES

We cannot guarantee all pets coming in will be free of fleas. If your Pet is found to have fleas upon arrival they will be given a single dose of Capstar without consent, at your expense.

Staff Initials _____

Date: _____

Check-in time: _____

