

Dr. Kevin Barcus, D.V.M.



# Mounds View Animal Hospital

Dr. Bruce Schnabel, D.V.M.

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## Drop Off Form

Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Please describe your concerns today and/or questions for the doctor:

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

### About Your Pet:

- 1) Medications currently taking: \_\_\_\_\_
- 2) Previous health conditions: \_\_\_\_\_
- 3) Duration of current symptoms: \_\_\_\_\_
- 4) Changes in eating/drinking: \_\_\_\_\_
- 5) Any vomiting/diarrhea/constipation: \_\_\_\_\_
- 6) Activity changes: \_\_\_\_\_
- 7) Urination changes: \_\_\_\_\_
- 8) Pain and if so where: \_\_\_\_\_
- 9) Recent boarding/travel: \_\_\_\_\_

### Changes in Your Pet's Environment and When the Change Occurred:

- 1) Foods or treats (types or brands): \_\_\_\_\_
- 2) Other pets in contact with: \_\_\_\_\_
- 3) People in household: \_\_\_\_\_
- 4) Home/living arrangements: \_\_\_\_\_

### Possible Toxin Exposure, Foreign Body Ingestion, or Trauma:

- 1) Anything your pet could have gotten into and when e.g. plants, poisons, the garbage, or missing toys: \_\_\_\_\_  
\_\_\_\_\_
- 2) Any known or possible injury: \_\_\_\_\_
- 3) Any known escape/run away incident, if so when and how long was your pet missing: \_\_\_\_\_  
\_\_\_\_\_

Urgent Care Exam	\$ 81.50
Fecal Sample	\$ 35.50
Total Health Profile 1 (Chemistry/Electrolytes/CBC/UA)	\$ 229.00
Blood Chemistry/Electrolytes	\$117.00
CBC	\$ 73.00
Complete Urinalysis (UA)	\$ 66.50
X-Rays (2 views)	\$162.50
Other:	_____