

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	\$ 94.00
Fecal Sample	\$ 42.00
Total Health Profile 1 (Chemistry/Electrolytes/CBC/UA)	\$272.00
Blood Chemistry/Electrolytes	\$141.00
CBC	\$ 89.00
Complete Urinalysis (UA)	\$ 79.00
X-Rays (2 views)	\$189.50