



2625 Co. Hwy 10 N.E. • Mounds View • MM 55112 • 763-780-8351

## Drop Off Form

**Owner Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Contact number(s):** \_\_\_\_\_

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

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### 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	\$ 103.00
Fecal Sample	\$ 46.00
Total Health Profile 1 (Chemistry/Electrolytes/CBC/UA)	\$295.00
Blood Chemistry/Electrolytes	\$153.00
CBC	\$ 97.00
Complete Urinalysis (UA)	\$ 86.00
X-Rays (3-views)	\$259.00