

# Village Veterinary Hospital

236 36th Street

Bellingham, WA 98225

Phone: (360) 647-1980, Fax: (360) 647-1869

**Rachel Bangert D.V.M. Cindy Lucas D.V.M. Carrie Trimble D.V.M.**

Drop Off Treatment Request: Your animal will be seen by the FIRST available veterinarian for their current condition.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Since you will not be present during the exam, please provide the Doctor with a **specific explanation** of their current condition. The more information available to the Doctor, the better they will be able to diagnose and treat the problem. Use the back of this paper if needed.

How long has this problem been occurring?

Is your pet currently on any medication (this includes aspirin within the last two weeks) or receiving treatment of any kind?

Is this a reoccurring problem? If yes, how frequent, and has your pet been treated for this problem by another veterinarian?

If the doctor were unable to reach you today, what further treatment, if any, would you authorize?

Exam _____	Blood/Urine Analysis _____
Sedation/Anesthesia _____	Whatever Necessary _____
X-rays _____	Other _____

Call me if my total will be over: (circle one) \$100 \$150 \$200 Other \$\_\_\_\_\_

**Payment is required at time of service**, please circle your preferred payment method:

CASH CHECK CREDIT CARD CARE CREDIT

**When was the last time your pet ate?** \_\_\_\_\_

**Please leave all phone numbers where the doctor may reach you today, after examination is completed** \_\_\_\_\_

Signature \_\_\_\_\_

If my pet needs to stay the night, I understand that my pet will be left unattended as no staff members are present overnight. If my pet is in need of intensive care, I understand that the doctor will refer me to a 24-hour clinic at my expense.