

Village Veterinary Hospital

P: _____ O: _____

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. Tiffany MacInnes 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?

When was the last time your pet ate? _____

Exam fee will be \$_____. In addition the Kennel stay will be \$_____.

Circle the amount we can work up to: \$150 \$200 \$250 \$_____

You must leave phone numbers where the doctor may reach you after the examination is completed