

BAY AREA BIRD HOSPITAL

Date: _____

Drop Off for Surgery / XRay / Procedure (_____)

- My pet is not on any medication
- My pet is on the following medications:
 -
 -
 -
 -
- Medication given this morning? Yes No
- Medication brought with my pet? Yes No
- Any changes in the following since you last spoke with the Doctor:
 - Appetite:
 - Droppings:
 - Activity level / Attitude:
- Last offered food:
- We **MUST** be able to reach you by phone during the day:

Phone -
Alternate Phone -
Alternate contact -

Signature: _____