



Drop-Off Qualifications

You must be an active client within our database to request a drop-off appointment. Drop offs are not meant for new clients and patients, as we like to meet everyone first.

If you are dropping off your pet for a procedure that is scheduled for the following day, there is no need to fill out a drop-off form. However, you will be asked to sign the hospital admission form, procedure consent form, and estimate. If you would like to have these provided to you prior to the procedure day, please let the office know and we will email or fax those forms to you. You will then need to print the forms, sign them, and either fax, email, or bring them along with you at the time of check in.

If you need to drop off a pet for evaluation due to illness or for a preventative care exam with vaccines, please fill out the attached form to help us know how your pet has been doing at home. Since you know your pet better than anyone, a detailed history is a very valuable part of their assessment.

Please fill out the form on the next page to help ensure we have all the information needed to take care of your pet.

We look forward to caring for you and your pet!

MALVERN

330 Conestoga Rd, Malvern, PA 19355
(t) 610-644-6405 (f) 866-548-9497
affinityvetmalvern.com

CLIENT INFORMATION

First name:	Last name:
Phone or email where we can reach you today:	

PET INFORMATION

Pet's name:	Pet's age (years and months):
Type of pet: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (please specify)	
Breed:	Coat color:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this pet have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name:
Has your pet had any adverse reactions to any type of vaccination, medication, and/or anesthetic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
What type/brand of food do you feed your pet and how often?	
Does your pet have any known allergies or food sensitivities?	
Do you administer flea, tick, heartworm, or other parasite prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names of preventatives and when last dose was given:	
Are any other medications/vitamins or supplements given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names, dosages, and frequency of administration:	
Has your pet recently had any of the following? Please check all that apply:	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Not sleeping through the night
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Increased appetite
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Decreased appetite
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Increased urination
<input type="checkbox"/> Accidents in the house	<input type="checkbox"/> Increased drinking
Note urine or feces: _____	<input type="checkbox"/> Inability to urinate
<input type="checkbox"/> Constipation	<input type="checkbox"/> Bad breath
<input type="checkbox"/> Lumps or swelling	Specify location: _____
<input type="checkbox"/> Rash	<input type="checkbox"/> Excessive itching or scratching
Other concerns or specific questions for the attending doctor:	

PLEASE READ

The doctor will proceed with an examination and contact you for consent to perform vaccinations, diagnostic testing, or initiation of treatment. An estimate can be provided via email or fax to aid in the process.

Signature:	Date:
------------	-------

We look forward to caring for you and your pet!



SUBMIT

330 Conestoga Rd, Malvern, PA 19355
 (t) 610-644-6405 (f) 866-548-9497
 affinityvetmalvern.com