

BAY AREA BIRD AND EXOTICS HOSPITAL

Pet's Name: _____ **Date:** _____

Drop Off For: Surgery / X-Ray / Procedure (_____)

Is your pet on any medication? YES / NO

If yes, please list the medications you are giving:

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-
-

Did you give medication this morning? YES / NO

Did you bring the medication today? YES / NO

Have there been any changes with the following since you last spoke with the Doctor? YES / NO

If yes, please elaborate:

- Appetite:
- Droppings:
- Activity level / Attitude:

When did you last offer food?

We MUST be able to reach you by phone during the day:

Phone:

Alternate Phone:

Alternate Contact:

Signature: _____