



Drop-Off Form

In an effort to keep our clients and our staff healthy, we are requesting that you take a few moments and answer some questions relating to the appointment.

*Note: Not all of the questions are required.

COVID-19 Health Questions for Pet Owners

Are you, or someone you've been in contact with, experiencing any sore throat, fever, or any type of respiratory distress including coughing?

Yes No

In the past 14 days, have you had any known contact with someone who was confirmed by a medical practitioner to be infected with the COVID-19 virus?

Yes No

In the past 14 days, have you been on a cruise or traveled to a country with the widespread transmission of COVID-19?

Yes No

If you answered YES to any of those questions, we request that you reschedule your appointment, or have a family member that can answer NO to those all of those questions, bring your pet for their appointment.

Client Information Questions

What is your relationship with Pressly Animal Hospital?

Established Client/Established Patient Established Client/New Patient
 Brand New Client/Brand New Patient Foster or Adopter for GCSPCA
 Foster or Adopter for other Rescue Group

***If you are a brand new client to Pressly Animal Hospital, please complete New Client/New Patient Form.**

***If you are an established client and need to update any of your information, you can call us, or you can complete the NEW CLIENT form; in that form, there is a box to check next to "I'm an existing client and would like to update my information."**

Client Name _____

If you are a foster/recent adopter for a rescue group, please list rescue group.

Email Address _____

Best Contact Phone Number for During Appointment _____

Alternate Phone Number _____

Pet Information Questions

Pet Name _____

Appointment Information

Date / Time

What type of appointment is this for?

____ Heartworm Treatment

____ Wellness

____ Illness

____ Injury

____ Medical Progress/Recheck

____ Other: _____

If this appointment is for heartworm treatment, please let us know if there are any concerns or issues with your pet that you would like the doctor to be aware of and examine.

If this appointment is for a wellness visit for annual vaccines or tests, please let us know if there are any concerns or issues with your pet that you would like the doctor to be aware of and examine.

What symptoms is your pet exhibiting?

- Coughing or Sneezing Vomiting or Diarrhea
 Skin Issues Ear or Eye Problems
 Lameness/Slow to Rise Change in Appetite or Water Consumption
 Urinary Issues ADR - Ain't Doing Right
 Weight Loss or Gain Other: _____

Be as detailed as possible in regards to your pet's symptoms.

If this appointment is for an injury be as detailed as possible in regards to your pet's symptoms.

If this appointment is for a medical progress/recheck exam please let us know what we are rechecking on your pet and if there are any new concerns that the veterinary team needs to be made aware of.

Do you need any medication refills today?

- Yes No

If yes, please list medications.

Does your pet need any additional services while under our care?

Nail trim (\$19) Ear Hair Removal (\$17)

Microchip \$35 + Tax Ear Flushing (\$39)

Anal Gland Expression (\$32) Sanitary Clip (\$15)

Do you need to pick up any of these products while your pet is here?

Heartworm Prevention Flea and Tick Prevention

Aloe/Oatmeal Shampoo 16 oz. Medicated Alkaline Ear Flush

Krill Joint Support Chews CET Dental Chews

Call or text the hospital at 704-234-0374 upon arrival and inform the team of what number parking spot you are in.

Please have your pet in a secure carrier or on a leash.

Please wait in the car and a team member will guide you for the next step.