



Patient Drop-Off Form Non-Illness

Pet's Name: _____

Client Name: _____

Address: _____

City _____ State _____ Zip _____

Best Number to Reach you at today: _____

Request for Non-illness related care:

Diagnostic Procedures:

- Annual Physical Exam
- Fecal Sample/Intestinal Parasite
- Annual routine blood work
- Senior blood work
- SNAP 4DX Test (Lyme Disease, Anaplasmosis, Ehrlichiosis, and Heartworm)
- SNAP Giardia
- SNAP FELV/FIV

Canine Vaccinations:

- Rabies
- Distemper 1 year
- Distemper 3 year
- Bordetella (Kennel Cough)
- Lyme

Feline Vaccinations:

- Rabies
- Feline Distemper
- Feline Leukemia

Other Services:

- Technician Bath
- Nail trim
- Other _____

I hereby authorize the veterinarian and Back Bay Veterinary Clinic to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit of 50% is required for surgical and/or in-hospital treatments.

Signature of Owner: _____ Date: _____