



Sage Creek
Animal Hospital

102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244

Healthy Patient Drop-Off Form

1) Client and Patient Information

Client Name: _____
Client Address: _____
Contact Number Today: _____
Patient Name: _____
Species/Breed: _____
Approx. Age _____
Sex: _____
Identification: _____

2) Reason for Drop Off: _____

3) For New Patients Only:

Would you like us to request records from your past veterinarian?

yes no Has never been seen by a veterinarian

If yes, please indicate the name of the clinic your pet last visited. Please sign the consent form following this document for us to get your pet's medical records.

4) Is your pet up to date on Vaccinations? If not, please indicate what vaccines your pet is needing today:

DOG

Distemper, Parvovirus, Parainfluenza, Adenovirus-2 (DA2PP)
 Distemper, Parainfluenza, Adenovirus-2 (DAP)
 Parvovirus
 Bordetella (Kennel cough)
 Rabies
 Lyme
 Other _____

CAT

Upper respiratory diseases (rhinotracheitis, calicivirus, panleukopenia)
 Rabies
 Feline leukemia
 Other _____

5) What brand of food is your pet being fed regularly? _____

6) Is your pet currently diagnosed with any illnesses? Yes No
 If yes, please indicate what illness. _____



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7) Is your pet currently receiving any medication or supplements? Yes No

If yes, please list the medications and the dosage and the last time they received this medication.

8) If you would like to include any other points of your pet's history, please do so here.

9) If your pet is having other issues that you would like our veterinarian to check, please indicate those issues here.

This completes our clinic's Patient Drop off form. Please Sign on the line below and indicate where we can reach you today to schedule a discharge time as well as discuss any issues that were seen by our veterinarian.

Client Signature: _____

Date: _____

Phone number to be reached at today: _____