



**DEER CREEK ANIMAL HOSPITAL**

SUZANNE M. HIGGINS D.V.M.

3025 E. ROSE GARDEN LN.  
PHOENIX, ARIZONA 85050  
(602) 404-0066  
FAX (602) 404-0744

**DROP OFF FORM**

**\*YOUR ANIMAL WILL BE SEEN BY A DOCTOR AS SOON AS POSSIBLE. DOCTORS SEE DROP OFF PATIENTS BETWEEN REGULARLY SCHEDULED APPOINTMENTS.**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_

Chief Complaint today: \_\_\_\_\_

\_\_\_\_\_

My pet is (Please check all that apply):

Lethargic \_\_\_\_\_ How long \_\_\_\_\_

Not Eating \_\_\_\_\_ How long? \_\_\_\_\_ Diet \_\_\_\_\_

Vomiting \_\_\_\_\_ How long? \_\_\_\_\_ How Often? \_\_\_\_\_

Diarrhea \_\_\_\_\_ Blood in Stool \_\_\_\_\_ How long? \_\_\_\_\_ How Often? \_\_\_\_\_

Not Drinking \_\_\_\_\_ Drinking More \_\_\_\_\_ How Long? \_\_\_\_\_

Urinating More \_\_\_\_\_ Urinating Less \_\_\_\_\_ Straining \_\_\_\_\_

Coughing \_\_\_\_\_ Sneezing \_\_\_\_\_ Nasal Discharge \_\_\_\_\_

Eye Discharge \_\_\_\_\_ How Often? \_\_\_\_\_ Color? \_\_\_\_\_

Scratching \_\_\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Shaking Head \_\_\_\_\_ How long? \_\_\_\_\_

Limping \_\_\_\_\_ How long? \_\_\_\_\_ Which Leg? \_\_\_\_\_

Did Limping begin suddenly? \_\_\_\_\_ or Gradual? \_\_\_\_\_

Does Exercise Increase Limping? \_\_\_\_\_ or Decrease Limping? \_\_\_\_\_

Please add anything else we need to KNOW or DO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*An exam cost of \$56.00 will apply to all drop off appointments.*

*Daycare is available for an additional fee – all vaccines and flea/tick preventative must be current.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_