

# Asheville Highway Animal Hospital

4516 Asheville Highway  
Knoxville, TN 37914  
865-523-8434

Drop Off Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Chart # \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age: \_\_\_\_\_

Number where you can be reached today: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Person to ask for when call: \_\_\_\_\_

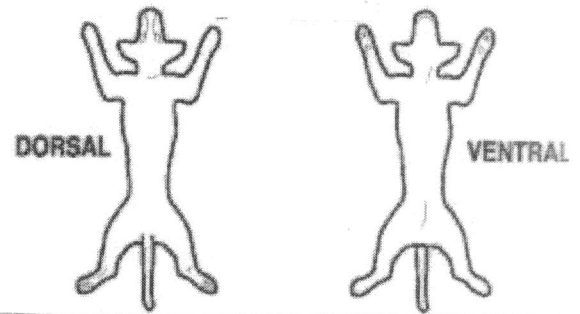
### Are you the...

Owner ( ) Son/Daughter ( ) Friend ( ) Legal Guardian ( ) Other ( ) \_\_\_\_\_

### Please check all symptoms that apply to your pet.

- |                          |                  |   |                          |
|--------------------------|------------------|---|--------------------------|
| Straining to urinate ( ) | Watery Eyes ( )  | Constipation ( )                        | Weakness ( )             |
| Diarrhea ( )             | Shaking head ( ) | Decrease in water intake ( )            | Gagging ( )              |
| Weight loss ( )          | Lethargic ( )    | Increase in water intake ( )            | Scotting ( )             |
| Weight Gain ( )          | Depressed ( )    | Increase in appetite ( )                | Difficulty Breathing ( ) |
| Frequent urination ( )   | Scratching ( )   | Decrease in appetite ( )                | Odor ( )                 |
| Coughing ( )             | Restlessness ( ) | Vomiting ( )                            | <b>No Problems ( )</b>   |
| Seizures ( )             | Panting ( )      | Discharge ( ) Where? _____ Color? _____ |                          |
| Limping ( )              | Hair Loss ( )    | Change in Behavior ( ) How: _____       |                          |
| Pain ( ) Where? _____    |                  |   |                          |
| Growths ( ) Where? _____ |                  |   |                          |

### Please describe in further detail any symptoms marked above, include location:



How long has your pet had these symptoms? \_\_\_\_\_

Is pet primarily Indoor or Outdoor? \_\_\_\_\_

Is your pet on any medication or dietary supplements? \_\_\_\_ If so, please list medication below and why.  
\_\_\_\_\_

Are there any other animals in your household? Yes / No If so, are they sick? \_\_\_\_\_

What type, brand and approximate amount of food are you currently feeding? \_\_\_\_\_

What has your pet eaten in the last 48 hours? \_\_\_\_\_

**Our Staff will contact you at the number above with an estimate of charges.**