



**West Village  
Veterinary Hospital**  
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New York, NY 10014  
212-633-7400  
212-807-1587 (FAX)  
[www.westvillagevets.com](http://www.westvillagevets.com)

**Tribeca Soho  
Animal Hospital**  
5 Lispenard Street  
New York, NY 10013  
212-925-6100  
212-925-1676 (FAX)  
[www.tribecavets.com](http://www.tribecavets.com)

**Battery Park  
Veterinary Hospital**  
21 South End Avenue  
New York, NY 10280  
212-786-4444  
212-786-4040 (FAX)  
[www.batteryparkvets.com](http://www.batteryparkvets.com)

## EARLY PATIENT DROP-OFF FORM -Downtown Veterinary Medical Hospitals, PLLC-

**Please also complete a New Client Form if this is your first visit.**

In order to accommodate your work schedule and your pet's health needs, the Hospital accepts patients left with us ("dropped off") between 7:30am and 10am. *PLEASE CALL FIRST* whenever possible. Fill out this form and leave it with the receptionist or nurse at the time you leave your pet. Please leave numbers where we can reach you easily. We will call after the doctor has performed an initial evaluation. The doctor may have a diagnosis, a recommendation, or suggest additional tests.

**YOUR NAME:** \_\_\_\_\_ **PATIENT'S NAME:** \_\_\_\_\_

WHAT ARE THE BEST 2 NUMBERS TO REACH YOU TODAY?

1<sup>ST</sup>: \_\_\_\_\_ Is this: **WORK HOME CELL OTHER**

2<sup>ND</sup>: \_\_\_\_\_ Is this: **WORK HOME CELL OTHER**

WHAT IS YOUR CONCERN ABOUT YOUR PET TODAY? (Circle any that apply; when possible give us a little information about when you first noticed the problem, how often, has it occurred before, etc.)

**APPETITE LOSS**  **LETHARGY**  **VOMITING &/or DIARRHEA**  **BLOOD IN STOOL**   
Further Description:

**COUGHING &/or SNEEZING**  **TROUBLE BREATHING**  **BAD BREATH**   
Further Description:

**INCREASED DRINKING or URINE VOLUME**  **DIFFICULTY URINATING or BLOOD IN URINE**   
Further Description:

**DIFFICULTY DEFECATING or CONSTIPATED**  **LIMPING OR DRAGGING PAW**   
Further Description:

**ANNUAL EXAM & VACCINES**  **HEARTWORM TEST (DOGS)**  **FECAL EXAM**

**OTHER**  Is there anything else that you feel is important, or that you would like to have done?

If needed, do we have your permission for additional testing up to \$100? **YES NO**

\_\_\_\_\_  
Signature DATE: \_\_\_\_\_

**Admitted & ID'd by:** \_\_\_\_\_ **Chip Present?** **YES NO**