



5305 Highway 20  
Sugar Hill, Georgia 30518  
Ph: (770) 271-7777  
Fax: (770) 614-3113

### DROP OFF SHEET

Date \_\_\_\_\_  
Client # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone number where you can be reached today? \_\_\_\_\_  
At what times will you be at this number? \_\_\_\_\_

Would you prefer to talk to a doctor prior to our beginning treatment?

**YES**  **NO**

If we are unable to reach you today, please mark your preference.

**Begin tests or treatment**  **Do nothing until notified**

Is your pet on any medication? \_\_\_\_\_

Has your pet eaten today? **YES**  **NO**

Please describe any problems or services you would like us to address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any flea control products, heartworm preventative, pet food, or any other products that you would like us to have ready when you pick up your pet?  
\_\_\_\_\_  
\_\_\_\_\_