



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?

