

Gentle Care Animal Hospital
1365 Thomas Jefferson Road
Forest, VA 24551
(434)-534-9894



DROP OFF/DAYCARE INFORMATION FORM

Drop off and pick up times: 7:30 AM to 6:00 PM Mon.-Fri and 8:00 AM to NOON Sat
Payment is due when your pet is picked up. All items left with your pet WILL BE labeled
with a permanent marker. We will not be responsible for lost or damaged items.

Owner: _____ Pet: _____

Date: _____ Requested pick up time: _____

Please note that we cannot guarantee that your pet will be ready at the requested time. If you have not heard from us indicating that your pet is ready, we strongly recommend that you call before arriving.

Please answer all questions completely so that we may provide the best care for your pet. If you are unsure about a question or potential charges, please do not hesitate to ask any one of our staff to assist you.

REQUIREMENTS FOR DROP-OFF/DAYCARE: Pets must be free of fleas and ticks or WILL BE treated at the owner's expense. This is for the health and safety of all patients and hospital staff. Any pets healthy enough to receive vaccinations will be required to have the vaccinations listed below current. Any patients not in compliance with the requirements listed below will be vaccinated at the owner's expense.

Canines: Distemper/Parvo Combination, Bordetella and Rabies, a negative fecal w/in 12 months

Felines: Distemper/Upper Respiratory Combination and Rabies, a negative fecal w/in 12 months

ANY patients found to have fleas, ticks or internal parasites will be treated at the owner's expense.

TODAY'S CONTACT INFORMATION:

Telephone number owner can be contacted at: _____ Cell / Work / Home (please circle)

Alternate contact name and telephone number: _____ Cell / Work / Home (please circle)

REASON FOR TODAY'S DROP OFF/OTHER SERVICES REQUESTED:

ANY ADDITIONAL CONCERNS THE DOCTORS NEED TO BE MADE AWARE OF:

Drop off patients will be charged for an exam by the doctor. Which doctor do you prefer to examine your pet?

_____ If your preferred doctor is not available, the first available doctor will see your pet.

FEEDING: My pet gets fed _____ time(s) each day. I give _____ cup(s) of dry and _____ can at each meal.
My pet last ate _____.

Please list all medications your pet is currently taking below.

DRUG _____	TIMES PER DAY _____	LAST GIVEN _____
DRUG _____	TIMES PER DAY _____	LAST GIVEN _____

I have read and agree to all of the above and accept responsibility to pay upon pickup.

Signature _____

GCAH STAFF ONLY

Items brought by owner

- Weight: _____
- List EVERY item the pet brings on the lines beside this section _____
- Make sure each item is labeled with the pet's first and last name. _____
- Make sure all vaccines are up to date. Initial each box below for each boarding requirement you have confirmed is current.

Canine		Feline	
DHLPP		FEVCR	
BORD		RABIES	
RABIES		NEGATIVE FECAL	
NEGATIVE FECAL			

- Check for any warnings in chart (Careful, Cautious, Chews Blankets, Animal aggressive) _____
- Make sure the cage is labeled appropriately. _____
- Write any vaccines, fecal, etc. that need to be done here and on the board.

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- Write the weight _____, date _____, and "Admit to board until (date)" in the chart. _____
 - Fill in the Feeding Guide according to owners instructions if they have brought their own food. If the pet will be eating our food, follow the weight guidelines found in the front of the Feeding Guide. _____
 - Make sure you check the Boarding Form that the owner has filled out to see if they have requested exam, bath, nail trims, etc. and put them here and on the board. _____
Exams go on the board for the day they come in. Nail trims will be done before pets go home. Baths are usually done on the day they go home and should be written on the correct groomer's schedule in the grooming room _____, and in the computer. _____
 - Make up a treatment sheet if the pet has brought any type of medication with them. See a veterinarian if you have ANY questions about how to fill it out, how the medications are being dosed, etc. _____
 - Get treatment sheet approved by a LVT or a Veterinarian. _____