

Alpine Animal Hospital  
4853 SR 270  
Pullman, WA 99163  
(509) 332-6575

### CURBSIDE CHECK-IN FORM

Today's Date \_\_\_\_\_

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

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

What is the reason for seeing your pet today? \_\_\_\_\_

Does your pet have any previous vaccine history? \_\_\_\_\_

Do you plan on traveling with your pet outside the Pacific Northwest? If so, where? \_\_\_\_\_

What brand of food is your pet eating? Wet or dry? \_\_\_\_\_

How much are you feeding per day? \_\_\_\_\_

When was the last time they ate? \_\_\_\_\_ What treats do you give? \_\_\_\_\_

For cat patients, my cat is (*circle one*):    Strictly Indoors    Outdoor Only    Indoor AND Outdoor

Please circle the symptoms if your pet has exhibited any of the following:

Appetite

Eating less

Not eating at all

Eating more

Drinking more

Drinking less

Behavioral

Listless

Lethargic

Lameness

Exercise intolerance

Respiratory

Coughing

Sneezing

Nasal discharge

Gastrointestinal

Vomiting

Diarrhea

Constipation

Urinary

Frequent urination

Difficulty urinating

Blood in urine

Please describe the duration, progression, and severity of exhibited symptoms:

\_\_\_\_\_  
\_\_\_\_\_

Please list or bring any medications, supplements, or parasite control (i.e. flea/tick control, dewormers, heartworm prevention) your pet is currently taking, including amount and frequency:

\_\_\_\_\_  
\_\_\_\_\_

If it is indicated at the time of the exam, is it ok for us to:

(Please initial additional services you authorize)

\_\_\_\_\_ Sedate your pet (\$26-\$76, depending on weight)

\_\_\_\_\_ Run blood tests on your pet (\$160-\$255), depending on diagnostic need)

\_\_\_\_\_ Run a urinalysis on your pet (\$38-\$76)

\_\_\_\_\_ Take x-rays of your pet (minimum \$130)

\_\_\_\_\_ Collect and analyze laboratory samples from the skin, ears, or masses (\$35 - \$110)

\_\_\_\_\_ Perform laser therapy to aid in healing (\$30- \$40)

\_\_\_\_\_ Administer deworming medication OR run an intestinal parasite test (fecal floatation) (about \$15 - \$65)

\_\_\_\_\_ Perform a heartworm test (\$35)

Owner or Authorized Agent signature \_\_\_\_\_

Phone number you will be available at today \_\_\_\_\_