



# DOCTORS PET CLINIC

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## B.B.N. Drop-Off Form Please Fill Out Completely

What is your pet's temperament?

Friendly \_\_\_\_\_ May snap or bite \_\_\_\_\_ Other \_\_\_\_\_  
Fearful \_\_\_\_\_ Aggressive \_\_\_\_\_  
Needs Muzzle \_\_\_\_\_ Shy \_\_\_\_\_

Any known allergies to shampoos? No \_\_\_ Yes \_\_\_ explain \_\_\_\_\_

Please describe any other problems you have noticed in your pet: \_\_\_\_\_  
\_\_\_\_\_

Has your pet been vaccinated within the last year? \_\_\_\_\_

If not at DPC, please provide name and phone number so we can check for you \_\_\_\_\_  
\_\_\_\_\_

Is your pet indoor only, outdoor only or indoor/outdoor? (Circle one)

Please list your pets' medication given, the time it was given, and the dose that was given: \_\_\_\_\_  
\_\_\_\_\_

While your pet is here, would you like: (Extra Charge)

\* Yearly Exam \_\_\_\_\_ Heartworm \_\_\_\_\_ Other \_\_\_\_\_

Vaccines \_\_\_\_\_ Microchip \_\_\_\_\_

Fecal \_\_\_\_\_ Clean Ears \_\_\_\_\_ (if we notice an infection, we will contact  
you regarding treatment)

\* Discounted with B.B.N. service

**Please call later in the day to obtain follow up information on your pet's condition. Do not leave any collars, leashes, carriers, toys, etc., as these items can easily be misplaced. Animals entering the hospital with fleas will be treated at the expense of the owner. Please be advised that pet supervision is between 7am - 6pm. \_\_\_\_\_ (Please Initial)**

Phone number (s) where you can be contacted readily:

( ) \_\_\_\_\_ between the hours of \_\_\_\_\_

( ) \_\_\_\_\_ between the hours of \_\_\_\_\_

Owners Name \_\_\_\_\_ Pets Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_