



SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road
Salisbury, NC 28147
704-636-6613

DROP-OFF FOR MEDICAL CARE

Today's Date _____
Owner's Name _____
Phone number where we can contact you _____
Pet's Name _____

Do you prefer:

- the Doctor or staff to call me after my pet is seen
- an appointment with the Doctor when I pick my pet up
- a note sent home with my pet

Problems your pet is having on this visit:

Pets with evidence of fleas or ticks will be treated at the doctor's discretion, at the owner's expense.

Signed _____ Date _____