



Pellissippi Veterinary Hospital

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DROP OFF TREATMENT FORM

Date: _____

Owners Name: _____

Pet: _____

Home Phone: _____

Phone Today: _____

Signature for Authorization of Treatment

Reason for Todays Visit: _____

Recommended vaccinations and testing for **all canine patients** -

DHLPPC (Distemper/parvo vaccine)

Rabies vaccine

Bordetella vaccine

Fecal exam for parasites

Heartworm test

Please check the box of all procedures you desire for your pet.

Recommended vaccinations and testing for **all feline patients** -

FVRCP vaccine (feline distemper vaccine)

Fel. V vaccine (Feline Leukemia vaccine)

Rabies vaccine

Fecal exam for parasites

Please check the box of all procedures you desire for your pet.