

DROP OFF FORM

Please complete this form so that we will be informed as to your pet's issues and/or symptoms and what you would like us to do today. Please be as complete and specific as possible. Also please include a phone number that you can be reached at in the event that we have further questions.

Owner _____ Patient _____ Phone _____

Breed _____ Age _____ Drop off Date & Time _____

**Issue/Symptoms: _____

When the problem began? _____ Treated for before? When? _____

Pet current on vaccines, including Rabies? Y or N Vaccinated at our clinic? Y or N Where? _____

Is the patient currently on medications? Y or N Which ones? _____

Any current medications NOT prescribed by our doctors? Y or N Which ones? _____

1. Appetite: Normal / Increased / Decreased 2. Vomiting? Y or N 3. Diarrhea? Y or N

4. Drinking: Normal / Increased / Decreased 5. Lethargic? Y or N 6. Coughing? Y or N

7. Urination: Normal / Increased / Decreased 8. Straining? Y or N 9. Scratching? Y or N

10. Limping: Y or N if so, Front / Back Left / Right 11. Painful? Y or N if so, where? _____

12. Shaking Head? Y or N 13. Lumps/Bumps? Y or N If so, where? _____

14. Weight Loss/Gain ? Y or N 15. Behavioral Changes? Y or N describe _____

16. Any other information that may be important? _____

17. Some pets require sedation for exams and painful procedures. May we sedate if necessary? Yes or No

18. When was the last time your pet ate or drank? _____

19. Some pets require bloodwork, may we perform bloodwork if necessary? Yes or No

20. After the exam and necessary bloodwork may we proceed with further testing or procedures? Yes or No

21. Would you like a call from the staff before procedures or testing begin? Yes or No

22. You may be asked to leave a deposit based on an estimate of services. Your deposit today is \$ _____

Owner Release: I understand that all precautions will be taken against injury, escape, or death of my pet. The Hospital and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by staff veterinarians and I assume financial responsibility for all treatments received.

OWNER
SIGNATURE _____ DATE _____