

Drop Off Form

The information requested will tell us the things you want us to do for your pet today. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you gave us today. Thank you.

Owner's Name _____ Pet name: _____

Date _____ Phone number where you can be reached today _____

Is address and phone number on medical record still correct? Yes No

Major Complaint

Please complete so we have a good understanding of how your pet is doing today.

Please complete for pets who are here today for ILLNESS:

Appetite Increased Normal Decreased Last ate? _____

Weight Loss Gain Normal

Water Consumption? Increased Normal Decreased

Urination? Increased Normal Increased Amount Increased Frequency

Bowel Movements? Normal Constipated Diarrhea (How long? _____)
Did you bring a stool sample today? Yes No

Vomiting? No Yes _____

Activity level? Normal Lethargic Not moving at all

Please complete if here today for LAMENESS:

Lameness? No Yes Which Leg? RF LF RR LR

Difficulty Rising? No Yes After sleeping? After Exercising?

Stiffness? No Yes _____

Lumps? Swelling? No Yes Where? How long? _____

How long has this been going on? _____

Are you aware of anything that happened to cause the lameness? _____

SEE REVERSE

Other Problems?

Did you give any medications or try any treatments? Did it help?

Is there anything else we need to know?

Any medications currently taking: _____

Are vaccinations up to date? Yes No I authorize you to give the following vaccinations while my pet is here today: _____

I understand that state law and clinic policy requires rabies vaccination for all pets. I swear that my pet has not bitten any person within the past 10 days. Signature _____

Have you applied any flea or tick products recently? Yes When? _____ No
In order to keep our hospital and all pets free from fleas, we require that if your pet has live fleas when they are admitted we will apply a dose of flea prevention medication that will be added to your bill.

Some pets require sedation for adequate physical examination or treatment. May we sedate your pet if necessary? No Call first Yes (when was last meal? _____)

The Doctor may recommend x-rays or bloodwork to aid in diagnosis. May we perform these procedures on your pet today? No Call first OK to do bloodwork OK to x-ray

Owner Release; You are to use all reasonable precaution against injury, escape or death of my pet. The clinic 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'm absent and if I cannot be reached by telephone will be treated as deemed best by the veterinarians and I will assume full responsibility for the treatment expense involved.

Owner/Agent _____ **Date** _____