



General Drop-Off Form

Patient Name: _____ Date: _____

Owner's Name: _____
(Person responsible for medical decisions or Client listed on medical record)

• What does your pet need to have done today? _____

• Please **circle** any symptoms you have noticed with your pet:

- | | | | |
|-----------------------|------------------|----------------------|----------------------------------|
| bleeding gums | diarrhea | limping | thirst increased OR decreased |
| breathing problems | loss of balance | dehydration | urination increased OR decreased |
| coughing / sneezing | lethargy | shaking head | weakness |
| eye / nasal discharge | lack of appetite | scratching / chewing | vomiting |

Other: _____
How long have these problems been going on? _____

• Please **INITIAL** any and all treatments and diagnostic procedures we are authorized to perform:

- | | |
|----------------------------|---------------------------------|
| _____ Bloodwork | _____ IV/SQ Fluids |
| _____ Radiographs (X-rays) | _____ Blood Pressure Evaluation |
| _____ Urinalysis | _____ CPR / Emergency Treatment |

• Is your pet currently on ANY medications (**including supplements)? _____

- Please list:
1. _____ Dose _____ (How much & how often)
 2. _____ Dose _____ (How much & how often)
 3. _____ Dose _____ (How much & how often)

• What type/brand of heartworm preventative are you using? (Circle One)

Interceptor / Sentinel / Heartgard / Advantage Multi / Other _____ Date Last Given: _____

• What type/brand of flea/tick preventative are you using? (Circle One)

Frontline / Sentinel / Advantage / Advantage Multi / Other _____ Date Last Given: _____

Last date given for each: _____

***Please note: If a flea or tick is seen while in our hospital, a product will be administered.**

• What brand of pet food does your pet eat? _____
Dry or canned _____ How much and often are they fed? _____

• Does your pet have any known allergies? _____

**We will attempt to perform the above procedures without sedation. However, in some cases it may be necessary to place your pet under light sedation for the comfort of your pet. Your signature below indicates your acceptance of this procedure without additional prior notice.

Owner's Signature: _____

I understand the above diagnostic, therapeutic, anesthetic and/or surgical procedures may involve risk of complications, injury or even death, from both known and unknown causes, and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further notice communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia (if indicated).

** We need the name and number of **one** person that can be reached and who can make decisions (medical and financial) about the care of your pet. Multiple phone calls affect the prompt care of **all** of our patients. Legally, this should be the person named on the record as the owner.
Owner's signature: _____ Phone Number(s): _____

ALL SERVICES RENDERED MUST BE PAID IN FULL AT TIME OF DISCHARGE