



Thank you for allowing us to care for your pet today.

Please take the time to completely fill out this form so we can perform all of the necessary medical requests

PET DROP OFF INFORMATION

Client Name: _____

Telephone Number to reach you today: _____

Pet's Name: _____ Breed: _____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems, and what you would like us to do below: (see list of symptoms on back)

Has your pet been seen by us before? Yes No (if not, please fill out a Client Registration form)

When was your pet's last meal? _____ What did he/she eat? _____

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food no yes

(Please list) _____

What vaccinations, if needed, would you like us to give your pet today?

Rabies Distemper-Parvo Bordetella FVRCP Feline Leukemia Rattlesnake

Flea/Tick Prevention: _____ Heartworm Prevention: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

I, the owner/agent, authorize and request an examination for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand a veterinarian will contact me after my pet has been examined to discuss recommended tests and treatments, and there will be an initial estimate of charges. If I cannot be reached at my contact number, I authorize initial treatment, including fluid therapy, and other supportive care to be starts as indicated for my pet. I understand and accept that when anesthesia is involved there are inherent risks, including death I accept full financial responsibility for charged incurred. I understand an additional deposit may be required after an estimate is prepared and discussed, and that payment in full is due upon discharge of my pet.

Signed: _____ Date: _____

In addition to the exam fee the following fees may apply for the day: Boarding or Hospitalization: \$30-\$60

Symptoms	Yes	No	Duration (days)	Frequency (per day)
Lethargic				
Vomiting				
Diarrhea				
Blood in Urine				
Blood in Stool				
Coughing				
Sneezing				
Eye Discharge				
Nasal Discharge				
Itchy				
Decreased Appetite				
Increased Thirst				
Straining to Urinate				
Straining to Defecate				
Head Shaking				

We will provide you with a treatment plan and estimate once the doctor has thoroughly assessed your pet