

DROP OFF FORM

Reason for Examination/Drop-off-

Is your pet experiencing any of the following? Please answer Yes or No

Vomiting Y / N	Increased Thirst Y / N
Diarrhea Y / N	Increased Urination Y / N
Loss of Appetite Y / N	Lethargic Y / N
Increased Appetite Y / N	Sneezing Y / N
Weight Loss Y / N	Limping Y / N If yes, which leg? _____
Coughing Y / N	
Wounds Y / N If yes, where? _____	

For any of the above that you answered yes, when did you notice the problem?

Is your pet on any medication? Y N

If yes what? _____

Any additional information that you feel may help us in our evaluation of your pet

(please check one)

- I do NOT give authorization, I prefer to be notified prior to any test/treatment
- I give permission for diagnostics (X-ray, bloodwork, etc) & treatments recommended by the doctor
- I give permission for minor surgery (abscess, wound care, etc)
- I give permission for sedation/anesthesia, if necessary

I understand that all charges must be paid in full at the time of discharge.

Signature _____

Date _____

Phone number(s) where you can be reached today _____