Morgantown Veterinary Care

149 North Main St.
Morgantown, WV 26505
(304) 599-3111
www.morgantownvetcare.com

Pet Drop-Off Information

We have arranged for you to leave you pet here today to allow our veterinarians to examine your pet as soon as possible. Please read through the following questions and answer any that may apply to your pet. Please read and sign the authorization on the back of this form.

Client Name: _____ **Pet's Name:** _____
Pet Belongings: _____
Telephone Number: (_____) _____-_____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition and any previous major medical problems:

_____
_____
_____
_____

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

Name of medication:	Amount given:	Time:

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

Mark as appropriate:

[ ] My pet is lethargic.
[ ] My pet has lost weight.
[ ] My pet has gained weight.
[ ] My pet is urinating more.
[ ] My pet is urinating inappropriately.
[ ] My pet is losing his/her hair.
[ ] My pet is coughing.
[ ] My pet is vomiting:
What color?_____
What substance?_____
My pet last vomited:_____
[ ] My pet is having diarrhea/ abnormal stools:
What color?_____
What consistency?_____
[ ] My pet is drinking more.
[ ] My pet seems constipated.
[ ] My pet has a lump.
[ ] My pet's skin is red, itchy, bumpy, etc.
[ ] My pet's urine is abnormal (color, consistency).
[ ] My pet has difficulty breathing.

Has your pet had access to foods other than recommended pet foods? If yes, describe:_____
_____

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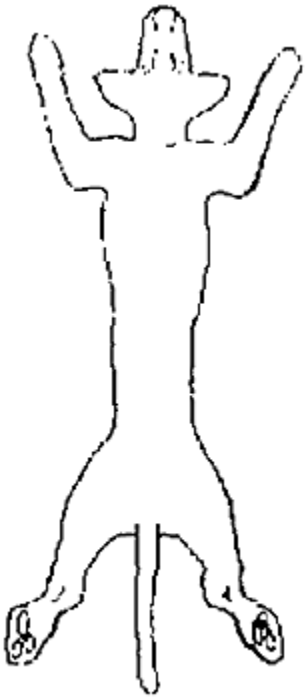
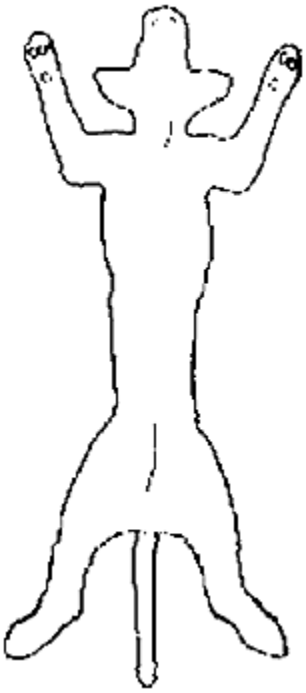
My pet is [ ] lame, or [ ] sore, or [ ] has been injured.
Describe:_____
_____
When did it start? _____
It has [ ] worsened, or [ ] improved some, or has [ ] stayed the same.
This has [ ] recently happened or is a [ ] long term (chronic) problem.

Please circle the body part on the diagram that you think is the problem:

Left TOPSIDE Right Right UNDERSIDE Left





Would you like us to:

[ ] Treat your pet after examination.
[ ] Call with the findings of the examination and an estimate of treatment cost prior to treatment.

**Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to instigating any treatments.

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Authorization and Responsibility Statement:

I am the owner/agent for the described animal; I authorize and request an exam for my pet.

I understand the veterinarians and/or staff at Morgantown Veterinary Care will contact me after my pet's examination to discuss recommended diagnostics and treatment. If requested, all efforts will be made to reach me prior to the administration of any treatments prior to them being performed. If I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications, to be started as indicated for my pet.

I understand that during the performance of the examination and potential procedures, unforeseen conditions may arise that necessitate additional or different procedure(s), operation(s), or treatment(s) than those set forth. Therefore, I hereby consent to and authorize the performance of such as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I understand and accept that when sedation and/or anesthesia are involved, there are always inherent risks including death.

The nature of the examination/diagnostics has been satisfactorily explained to me and no guarantee has been made as to the result or cure. I understand there may be risk involved in these procedures.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

I understand that payment is due when my pet is discharged; however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

Signature: _____ Date: _____