



Sick Pet Drop-off Form

*Thank you for giving us the opportunity to care for your pet.
So that we may better serve you and your pet,
please complete the following information.*

To assist the doctor in the assessment of your pet, please take just a few moments to complete this form. These are some of the questions that the doctor would ask during an appointment. By answering them now it will better enable us to proceed to a quick and accurate diagnostic/ treatment plan

Owner's Name: _____ Date: _____

Phone number that we can reach you: _____

Hours we can reach you at this number: _____

Pet's Name: _____ (circle one) Dog/ Cat, M / F / Neutered / Spayed

Age: _____

Does your pet stay primarily (circle one): Indoors/ Outdoors Both

What does your pet's diet consist of? Include any treats given.

Does your pet receive *any* people food or table scraps? How recently?

Please list any other pets you have. Have any of them been ill?

If your pet is ill please circle the symptoms or changes you have observed:

Appetite Activity Behavior Thirst Stool Urine Weight Diarrhea Vomiting Retching
Wheezing Coughing Gagging Sneezing Limping Seizures Trembling Twitching Tearing
Scooting Scratching Chewing Shedding Straining Swelling Lumps Scabs Sores Cuts
Bleeding Pain Odor Growths Discharge Eyes Ears Nose Skin Gait Swallow
Breathing Whimpering Fever Frightened Other

Please describe the symptoms you have circled above. Include severity and duration:

Is there any history of any similar illness in past?

Please list all medications your pet currently uses, including any medication you have given recently to control symptoms (aspirin, immodium, Pepcid AC, etc.)

Is your pet currently on heartworm prevention? When was the last pill given?

Have there been any recent changes inside or outside your home, including but not limited to, new pets, people, furniture, construction, etc.?

Please list any other information that you feel would be helpful to the doctor.

IF YOU ARE DROPPING YOUR PET OFF PLEASE UNDERSTAND THAT IT IS VERY IMPORTANT THAT WE BE ABLE TO CONTACT YOU FOR FURTHER INFORMATION. IT IS ALSO IMPORTANT THAT WE BE ABLE TO CONTACT YOU IN ORDER TO GET YOUR PERMISSION TO PROCEED WITH VARIOUS DIAGNOSTIC WORK OR TREATMENT WHICH WE DID NOT GET YOUR OK FOR PREVIOUSLY.

Listed below are the diagnostics and treatments the veterinarian deems necessary at this time.

Item	Cost

I, _____, (Print Name) certify that I am the owner or legal agent for the above mentioned animal. I understand that during the performance of the procedures above, unforeseen conditions may be revealed that necessitate an extension of the procedures, or different procedures than those set forth above. Therefore, I consent to and authorize the performance of all procedures that are necessary and desirable in the exercise of the veterinarian's professional judgement.

I have read and understand this authorization and consent.

Signature of owner or legal agent