

Knoxville Animal Clinic, LLC Drop Off Form & Patient Medical History

Signature required on back of page for consent to treat your pet

I) Owner Contact Information

Owner Name: _____ Date: _____

Animal(s) Name: _____

Provide all phone numbers where we will be able to reach you today:

Cell Phone – () _____ Home Phone () _____

Work Phone – () _____ Spouse cell () _____

II) Patient Information:

1. Canine _____ Feline _____

3. Male Neutered _____ Male Intact _____ Female Spayed _____ Female Intact _____ Unknown _____

3. Approximate Age or Date of Birth _____ Breed _____ Color _____

II) Medical History:

1. Is your pet on monthly heartworm preventative? **YES** **NO**

Last date given (mm/dd/yy): ____/____/____

2. Is your pet on flea preventative? **YES** **NO**

Last date given (mm/dd/yy): ____/____/____

3. *Does your pet have any known allergies to food, medications, or vaccines? **YES** **NO**

***If you circled yes, please list known allergies here:**

***If your pet had a reaction to a vaccine, please indicate approximate date of last known vaccine reaction (mm/dd/yy):** ____/____/____

III) Please list ALL medications your pet is currently taking. This includes over the counter medication, nutritional supplements, and any prescribed medication.

1. MEDICINE: _____ DOSE: _____ Time: AM__ Noon__ PM__

2. MEDICINE: _____ DOSE: _____ Time: AM__ Noon__ PM__

3. MEDICINE: _____ DOSE: _____ Time: AM__ Noon__ PM__

IV) Additional Information Regarding Your Pet(s):

Normal diet (brand): _____ Amount fed per day? _____

Has your pet had any vomiting, diarrhea, or human food in the last 3-4 days? **YES**__ **NO**__

If yes, please list human food eaten by pet: _____

When did you pet last eat or drink? _____

CONTINUE TO NEXT PAGE/BACK OF FORM- SIGNATURE REQUIRED

V) Please list and describe any medical problems your pet is experiencing today:

Knoxville Animal Clinic, LLC
Boarding, Drop Off, and Treatment Release Form:

***For security purposes, Knoxville Animal Clinic, LLC does not allow after hours, holiday, or Sunday pick up for boarding animals or patients.**

Release for treatment, I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s); that I hereby authorize Knoxville Animal Clinic, LLC, their agents and representatives, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray, administer drugs, or other such treatment(s) as the veterinarian deems necessary while boarding and for drop off patients. I agree to accept responsibility for the payment of all services rendered.

All boarding animals are required to be up to date on vaccinations, free of parasites, fleas, and ticks. If you pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement.

***Owner or Owner Agent Signature: _____*required**

Today's Date (mm/dd/yy): ____/____/____