



PET DROP-OFF INFORMATION

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone

(918) 835-2473 Fax

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HISTORY and SYMPTOMS

OWNER	CONTACT NUMBER	NUMBER WHERE YOU CAN BE REACHED TODAY	
PET'S NAME	SPECIES	AGE-YRS	

RELATIONSHIP:

☐ OWNER ☐ SON/DAUGHTER ☐ FRIEND ☐ LEGAL GUARDIAN ☐ OTHER *Specify*

CHECK ALL SYMPTOMS LISTED BELOW THAT APPLY TO YOUR PET

- | | | | | |
|---|------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> APPETITE INCREASE | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> ODOR | <input type="checkbox"/> SHAKING HEAD | <input type="checkbox"/> WEAKNESS |
| <input type="checkbox"/> APPETITE DECREASE | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> PAIN | <input type="checkbox"/> URINATION-FREQUENT | <input type="checkbox"/> WEIGHT LOSS |
| <input type="checkbox"/> BEHAVIOR CHANGE | <input type="checkbox"/> GAGGING | <input type="checkbox"/> PANTING | <input type="checkbox"/> URINATION-STRAINING | <input type="checkbox"/> WEIGHT GAIN |
| <input type="checkbox"/> BREATHING DIFFICULTY | <input type="checkbox"/> GROWTHS | <input type="checkbox"/> RESTLESSNESS | <input type="checkbox"/> VOMITING | |
| <input type="checkbox"/> COUGHING | <input type="checkbox"/> HAIR LOSS | <input type="checkbox"/> SCRATCHING/CHEWING | <input type="checkbox"/> WATER INTAKE INCREASE | |
| <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> LETHARGY | <input type="checkbox"/> SCOOTING | <input type="checkbox"/> WATER INTAKE DECREASE | |
| <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> LIMPING | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> WATERY EYES | |

DESCRIBE ANY SYMPTOMS LISTED ABOVE IN DETAIL INCLUDING LOCATION, COLOR OR INCITING FACTORS

LENGTH OF TIME PET HAS DISPLAYED SYMPTOMS

LIST ANY MEDICATIONS or DIETARY SUPPLEMENTS YOUR PET IS ON AND EXPLAIN WHY

LIST TYPE, BRAND AND APPROXIMATE AMOUNT OF FOOD YOU CURRENTLY FEED YOUR PET – INCLUDE CANNED, DRY AND 'PEOPLE FOODS'

AUTHORIZATIONS and ACKNOWLEDGEMENTS

Boarding/Hospitalization - I acknowledge I have been informed and understand there is a fee for day boarding/hospitalization, due upon discharge, for all patients dropped off at 15th Street Veterinary Group.

Flea Treatment - I acknowledge I have been informed and understand all animals found to have an existing flea problem will be treated with an appropriate flea product at the owner's expense to prevent the spread of fleas to other boarding/hospitalized patients.

Exam/Testing/Treatment – I authorize 15th Street Veterinary Group to perform the following before notifying me:

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> PHYSICAL EXAM | <input type="checkbox"/> BLOOD WORK | <input type="checkbox"/> FLUID THERAPY | <input type="checkbox"/> UPDATE VACCINES |
| <input type="checkbox"/> FECAL EXAM | <input type="checkbox"/> X-RAYS | <input type="checkbox"/> URINALYSIS | <input type="checkbox"/> UPDATE HEARTWORM TEST |

Sedation - ☐ Call before sedating or, ☐ I authorize sedation, if needed for _____

Expenses - I authorize a maximum expenditure of \$_____ before the veterinarian consults with me.

AUTHORIZED SIGNATURE

DATE