

Pet Drop Off Information

Client Name _____ Phone # _____

Pet's Name _____ Date of Service _____

Please mark all current symptoms:

____ Lethargic ____ Coughing ____ Shaking Head

____ Scooting ____ Difficulty walking/getting up

____ Scratching/hot spots, where _____

____ Limping, which leg R or L ____ Not eating, # of days _____

____ Bleeding, explain _____

____ Appetite loss ____ Frequent Urination ____ Not Urinating

____ Breathing Problems, explain _____

____ Excessive Thirst ____ Eye problems, explain _____

____ Diarrhea, how long _____ Is blood present _____

____ Vomiting, how long _____, describe _____

Please describe any additional symptoms or information which may be helpful for diagnosis:

Has your pet eaten today? _____ Please describe your pet's diet: _____

List any medication your pet has received in the last 24 hours:

Your pet will be seen as soon as absolutely possible. Pets are seen by the veterinarian in order of priority, regarding the symptoms you describe. By providing your signature, you are consentig as the pet's owner, for evaluation of the above symptoms. Evaluation will include physical examination of your pet and may include bloodwork or x-rays, if necessary. A member of our staff will conatct you regarding the veterinarian's findings and discuss treatment options and an estimate of treatment charges. Pets which are not current on vaccination will be admitted to the quarantine area for their own protection, which may incur an additional charge.

Signed _____ Date _____

This area to be used by staffmembers only: