

PATIENT DROP-OFF INFORMATION

Please complete the following form when dropping off your pet for treatment.

Because you will not be present when the doctor examines your pet, this is the best way for us to be sure that we address all of your concerns at the time of the exam.

Please be as specific as possible. Thank you.

Owner's Name

Pet's Name

Date

Please choose and explain the reason for your pet's visit today:

Routine Care (*Remember to discuss with the check-in staff which vaccines and/or tests are recommended for your pet. We will perform the recommended treatments unless you specifically decline them.*)

Bathing/Grooming _____

Lab work or X-rays _____

Medical Problem (Also please fill out the History and Symptoms Sheet) _____

Current Diet _____ Is your pet given table scraps? Yes No

Has there been a change in your pet's diet? Yes No If yes, when/what? _____

Has your pet been given any medications today? Yes No

If yes: Name of medication, dosage, and time given _____

Preferred form of medication: liquid tablet or chewable

(If we cannot provide your preferred form of medication, we can call a prescription in to a local pharmacy or have it delivered through our online pharmacy.)

Labwork or other diagnostic procedures are sometimes necessary to make an accurate diagnosis.

Should labwork or other procedures be needed to diagnose your pet, the doctor should:

- Perform **any** treatments or tests deemed necessary to **diagnose** and **treat** your pet.
- Perform only procedures deemed necessary to find a diagnosis, but **NOT treat** your pet.
- Call you (the owner) at the listed contact numbers before doing any additional tests or procedures. (For this option, we **MUST** be able to reach you at the listed contact number.)

Some pets require sedation for adequate physical exam or treatment. May we sedate or tranquilize your pet if necessary?

Yes No Call first

If evidence of fleas or other external parasites is found, your pet will be treated at your expense as allowed by your pet's condition.

X _____
Owner/Authorized Agent Signature

Today's Contact numbers: _____

Estimated Pick-Up time: _____ am pm
