

Pet Drop-Off Medical Information Form

Owner's Name _____ Date _____ Phone (next 2-3 hrs) _____ Home _____ Is address/phone on medical record still correct Y / N
 Pet's Name _____ Breed _____ M / MC/ F/ FS Age _____ Sick Today? Y / N
 Reason for visit today? _____ If sick How Long? _____
 Current Diet _____ Meals/day 1 2 3 Table scraps Y / N Heartworm Preventative Y / N
 My pet ate this morning? Y / N Had a bowel movement? Y / N Urinated Y / N

Recent Pet Medical History

Please Circle Yes or No

Recent injury or accident? _____ Y N Describe _____
 Recent Surgery ? _____ Y N Describe _____
 Currently taking daily medication? _____ Y N Describe _____
 Allergic to any medications? _____ Y N Describe _____
 Vomiting? _____ Y N For how long? _____
 Diarrhea? _____ Y N For how long? _____
 Lack of energy? _____ Y N For how long? _____
 Drinking more or less than usual? _____ Y N For how long? _____
 Urinating more or less than usual? _____ Y N For how long? _____
 Weakness? _____ Y N For how long? _____
 Limping? Which leg? RF RR LF LR _____ Y N For how long? _____
 Coughing? _____ Y N For how long? _____
 Sneezing? _____ Y N For how long? _____
 Gagging? _____ Y N For how long? _____
 Scratching? _____ Y N For how long? _____

Please check off the services you are requesting today.

- ☐ Physical examination with emphasis on problems listed above.
- ☐ Annual checkup and boost my pet's vaccination against contagious diseases.
- ☐ Check my pet for parasites.
- ☐ Other _____

I authorize sedation or pain relief for examination or treatment today if necessary ☐ Yes ☐ No ☐ Call me first

☐ I authorize necessary diagnostic testing up to \$ _____ and up to \$ _____ for treatment by signing below.

☐ Please call me before proceeding with any diagnostics or treatment at _____ - _____ or _____ - _____

You are to use all reasonable caution in the treatment of my pet, in which event, I will not hold the hospital liable for injury, escape or death. I understand that any unforeseen problem that develops while I am absent and my pet is in your care will be treated as deemed best by the staff veterinarians and I assume full responsibility for the expense of treatment. If I neglect to pick up my pet within 5 days of the date below, you may consider that the pet is abandoned and are hereby authorized to dispose of my pet as you deem best and necessary.

Form PPC10/99 Date _____ Owner/Agent _____