



Drop Off Sheet

We have arranged for you to leave your pet here to allow Dr. _____ to examine your pet as soon as possible today. Please read through the following questions and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

Everything was ok with my pet until _____

Since then _____

My pet is lethargic: Yes No

Water intake has: Decreased Increased Unchanged

My pet has not eaten since: _____

My pet started vomiting: _____ If yes: Color _____ Content _____

Frequency _____ Last time it vomited _____

My pet has normal stools: Yes No

My pet seems constipated: Yes No

My pet has diarrhea: Yes No

- If yes, when did it start: _____ Frequency: _____ Color: _____
Consistency: _____ Does it have blood in it: Yes No Last episode: _____

Has your pet had access to foods other than his/her regular food/diet & treats? Yes No If yes, elaborate _____

My pet has lost or gained weight

My pet is lame: Yes No If yes, on which leg(s) _____

My pet seems sore Yes No If yes, where? _____

My pet has been injured Yes No If yes, please elaborate _____

My pet may have ingested something: Yes No If yes, please elaborate _____

Please list any medications your pet is taking: _____

Is there anything else you would like to address while your pet is here?

Are there any services you would like done to your pet while here today?

Heartworm test

Fecal test

Vaccines Specify which vaccine(s) _____

**Vaccines will be done only if pet is deemed healthy enough to receive them.

Nail trim

Clean ears

Bath

Other Please specify: _____

I am the owner/agent for this animal, and I authorize and request an exam for my pet. I understand that pain medication will be provided if deemed reasonable. I understand Dr. _____ will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at _____.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications as indicated for my pet. Yes No

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

Signature: _____ **Date:** _____