

PET DROP OFF INFORMATION

Today's Date _____

Owner's Name _____ Pet's Name _____

Please answer the following questions by circling the appropriate response.

My pet is indoors: 100% 75% 50% 25% 0%

My pet goes to: groomer boarding kennel cabin/camping southern states hunting

My pet's water consumption is: normal decreased increased

My pet's appetite is: normal decreased increased

Name of food my pet eats: _____

Check one of the following boxes

My pet appears healthy to me. I would like a physical done by a doctor and my pet's vaccinations updated.

My pet has the following problems for a doctor to examine today:

My pet has had this problem for (circle one) hours days weeks months years

Has the problem been getting worse? Yes No

Has the problem been treated before? Yes No

My pet has been vomiting: Yes No If yes, how often?

My pet has had diarrhea Yes No If yes, how often?

My pet has eaten today Yes No If yes, what time?

Are there any other health problems or concerns you have that we should know about?

To diagnose and treat many problems, blood tests, x-rays or other tests may be needed. We will call you to discuss these procedures as to their need and cost. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible.

Please leave us the numbers that we can reach you at throughout the day.

1st _____ Times available at this number _____

2nd _____ Times available at this number _____

Time you are available to pick up your pet today: _____. If a specific discharge time is needed you will be notified.

Payment policy: Payment for veterinary services and products is due at the time of treatment and purchase. If your pet requires hospitalization an estimate will be prepared and a deposit may be required before treatment can begin. We accept cash, check, Visa, American Express, Mastercard, Discovercard, and Care Credit.

I have reviewed the payment policy and agree to pay for all services rendered and products purchased at the time of service with: CASH CHECK VISA/MASTERCARD/AE/DISCOVER CARECREDIT

I authorize up to \$ _____ in diagnosis or treatment if needed. Call me if additional procedures are needed.

Signature: _____ Date: _____