

Pet Drop-Off Medical Information Form

Owner's Name _____ Date ____/____/____ Phone (____) ____-____

Is address & phone still correct? Y/N

Pet's Name _____ Breed _____ M / N - F / S Age _____

Reason for visit today? _____ If sick, how long? _____

Current Diet _____ Meals per day 1 2 3 Table scraps Y / N

Has the pet eaten this morning? Y / N Had a bowel movement? Y / N Urinated? Y / N

Recent Pet Medical History

Please Circle Yes or No & Describe

Recent injury, accident or surgery?	Y / N	_____
Currently taking daily medications?	Y / N	_____
Allergic to any medications?	Y / N	_____
Vomiting & /or Diarrhea?	Y / N	How long? _____
Urinating more or less than usual?	Y / N	How long? _____
Bowel abnormalities?	Y / N	How long? _____
Lack of energy & / or weakness?	Y / N	How long? _____
Drinking more or less than usual?	Y / N	How long? _____
Limping? Which leg? RF RR LF LR	Y / N	How long? _____
Coughing, Sneezing or Gagging?	Y / N	How long? _____
Scratching & / or chewing at skin?	Y / N	How long? _____
History of seizures?	Y / N	How long? _____
Any lumps or bumps on pet's body?	Y / N	Location? _____
Weight loss or gain?	Y / N	How long? _____
Appetite increase or decrease?	Y / N	How long? _____
Bad breath?	Y / N	How long? _____
Behavioral changes?	Y / N	How long? _____
Heartworm Preventative?	Y / N	What Kind? _____
Anything else we need to know?		_____

Please check off the services you are requesting today.

- Physical examination with the emphasis on the problems listed above.
- Annual check-up and boost my pet's vaccines against contagious disease.
- Check my pet for heartworms & / or parasites.
- Other _____

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

I Authorize necessary diagnostic testing up to \$_____ & up to \$_____ for treatment.

Please call me before proceeding with any diagnostics or treatment.

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 & my pet is in your care will be treated as deemed best by the staff veterinarians & 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 & are hereby authorized to dispose of my pet as you deem best & necessary.

Owner or agent's signature _____ Date ____/____/____