



## DROP OFF SHEET

We have arranged for you to leave your pet here, to allow the veterinarian 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 also read and sign the authorization on the back of this form.**

Everything was okay with my pet until

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My pet is lethargic Y N

Water intake has a) decreased \_\_\_\_\_ b) increased \_\_\_\_\_ c) Normal \_\_\_\_\_

My pet has not eaten since \_\_\_\_\_

My pet started vomiting \_\_\_\_\_

What colour? \_\_\_\_\_

What substance? \_\_\_\_\_

My pet last vomited \_\_\_\_\_

My pet has normal stools Y N

My pet seems constipated Y N

My pet started having diarrhea \_\_\_\_\_

What colour? \_\_\_\_\_

What consistency? \_\_\_\_\_

My Pet urination habits a) Decreased \_\_\_\_\_ b) increased \_\_\_\_\_ c) Normal \_\_\_\_\_

Is your pet currently on any medications? If yes, please list medications and dosing (amount and Frequency) :

Has your pet had access to foods other than recommended pet food? Y N

What do you feed your pet? \_\_\_\_\_

My pet has lost \_\_\_\_\_ or gained \_\_\_\_\_ weight

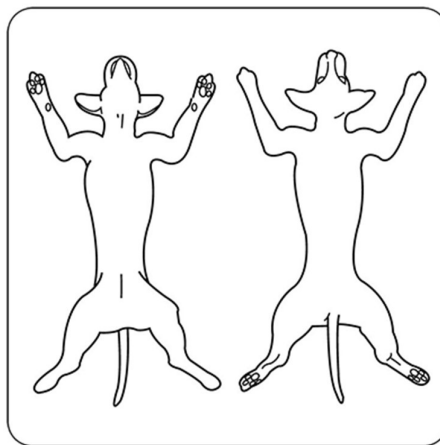
My pet is lame \_\_\_\_\_ sore \_\_\_\_\_ or has been injured \_\_\_\_\_

I think his/her \_\_\_\_\_ is bothering him/her

This started \_\_\_\_\_ It has worsened \_\_\_\_\_ or improved some \_\_\_\_\_

This has never \_\_\_\_\_, or has recently \_\_\_\_\_ happened, or is a long-time problem \_\_\_\_\_

Please describe in your own words what seems to be the problem and circle the body part on the diagram where you think the problem is:



Bottom-side

Top-side

I, the owner/agent for the described animal, authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand that the Veterinarian will contact me after he/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 radio-graphs 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 be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand that 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.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_