

**PATIENT DROP OFF AND CONSENT FORM**

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PETS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

REASON FOR EXAMING YOUR PET TODAY? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF THERE IS A PROBLEM, WHEN DID YOU FIRST NOTICE IT? \_\_\_\_\_

\_\_\_\_\_

HOW IS YOUR PETS APPETITE?

INCREASED       NORMAL     DECREASED     REFUSES FOOD/TREATS

HOW IS YOUR PETS WATER CONSUMPTION?  INCREASED  NORMAL  DECREASED

HAVE YOU NOTICED ANY VOMIT?  NO  YES, HOW OFTEN? \_\_\_\_\_

HAVE YOU NOTICED ANY DIARRHEA?  NO  YES, DESCRIBE? \_\_\_\_\_

WHEN HAS YOUR PET EATEN LAST? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW IS YOUR PETS ENERGY LEVEL?  NORMAL  SLIGHTLY DECREASED  LETHARGIC

IS YOUR PET ON ANY MEDICNES/SUPPLEMENTS?  NO  YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

WHEN WERE MEDICATIONS LAST GIVEN? \_\_\_\_\_

DO YOU HAVE NAY OTHER QUESTIONS OR CONCERNS? \_\_\_\_\_

\_\_\_\_\_

DO YOU NEED ANY MEDICATIONS REFILLED (INCLUDING FLEA/TICK AND HEARTWORM PREVENATIVE)? IF SO,

PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

TO EFFECTIVELY DIAGNOSE AND TREAT MANY PROBLEMS, RADIOGRAPHS, BLOOD TESTS AND OTHER PROCEDURES MAY NEED TO BE DONE. WE WILL NTOIFY YOU BEOFORE UNDERTAKING THESE TASKS AS TO THEIR NEED AND COST. IN THE EVENT OF A LIFE THREATENING CONDITION, WE WILL MAKE EVERY ATTEMPT TO STABALIZE YOUR PET AND THEN NOTICIFY YOU AS SOON AS POSSIBLE AS TO THE EXTENT OF THE PROBLEM. PLEASE MAKE SURE YOU HAVE A PHONE NUMBER WHERE YOU CAN BE REACHED.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

PHONE NUMBER WHERE YOU WILL BE TODAY