



Primary Care Service – Sick Pet Drop-Off Form

We have arranged for you to leave your pet here, to allow us 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 at the end this form.

Everything was okay with my pet until_____ . Since then,

_____.

My pet is lethargic_____

Water intake has a) decreased_____, b) increased_____, unchanged_____

My pet is has not eaten since_____

My pet started vomiting_____

What color?_____

What substance?_____

My pet last vomited _____

My pet has normal stools_____

My pet seems constipated_____

My pet started having diarrhea_____

What color?_____

What consistency?_____

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

My pet has lost, or gained_____ weight.

My pet is lame_____, or sore_____, or has been injured_____.

I think his/her _____ is bothering him/her.

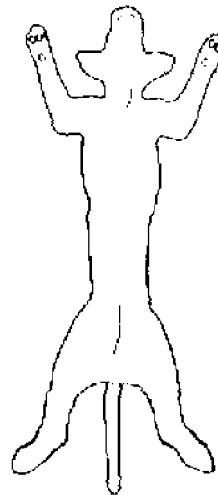
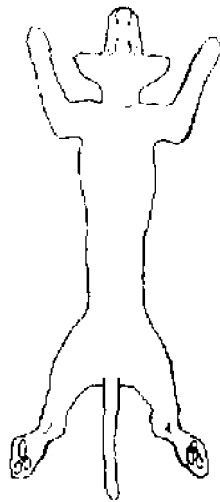
This started_____. It has worsened_____ or, improved some_____.

This has never_____, or has recently_____ happened, or is a long time (chronic) problem_____.

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

Please note any problem areas below.

Left (Top side) Right (Bottom side) Left



I am the owner/agent for 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 you will contact me after my pet has examined 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. An estimate for these diagnostics ranges from _____ to _____.

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 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: _____