



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. \_\_\_\_\_

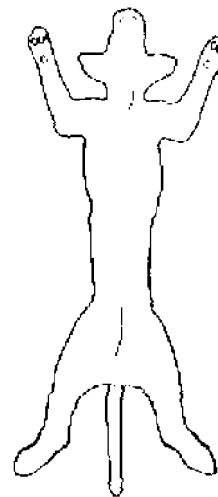
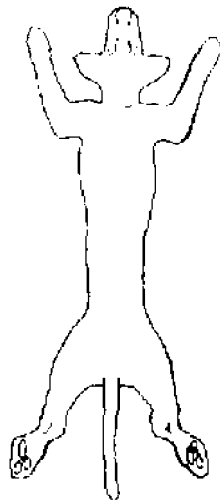
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Please note any problem areas below.

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: \_\_\_\_\_