

Client _____

The Animal Clinic

Pet _____

Weight _____

DROP OFF SHEET

Age _____

We have arranged for you to leave your pet here, to allow **Dr. Gill/Chahal/associates** 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 on the back of 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?

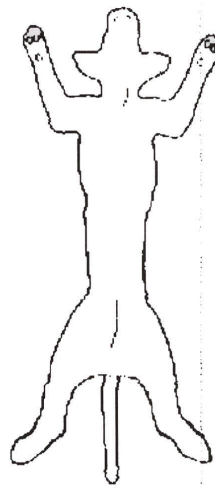
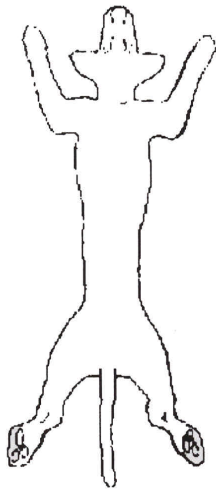
My pet has lost_or gained _____ weight.

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. _____

Left (Topside)

Right (Bottomside) 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 one of the associate 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 radiographs, 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 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: _____

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