



Patient Drop Off Form

We have arranged for you to leave your pet here, to allow our doctors ample time to examine your pet. Please read through the following questions, and answer any that may apply to your pet today.

Everything was fine with my pet until,_____. Since then I have noticed the following (actions/occurrences/symptoms):_____.

My pet is lethargic/listless

Water Intake has : Decreased Increased Unchanged

My pet: Is Eating Is Not Eating If not eating, last meal?_____.

My pet has been vomiting

For how long?_____.

What color?_____.

What substance?_____.

Last episode occurred?_____.

My pet has normal stools.

My pet seems constipated.

My pet started having diarrhea.

For how long?_____.

What color?_____.

What consistency?_____.

Has you pet had access to foods/substances other than their normal recommended pet food? Please describe_____.

My pet has: Lost weight Gained weight

My pet is : Lame Sore Has been injured

My pet has been (check all that apply):

Sneezing Coughing Having Shortness of Breath

Scratching at Ears (right) (left)

I think his/her_____is bothering him/her.

This started_____. It has: Worsened Improved

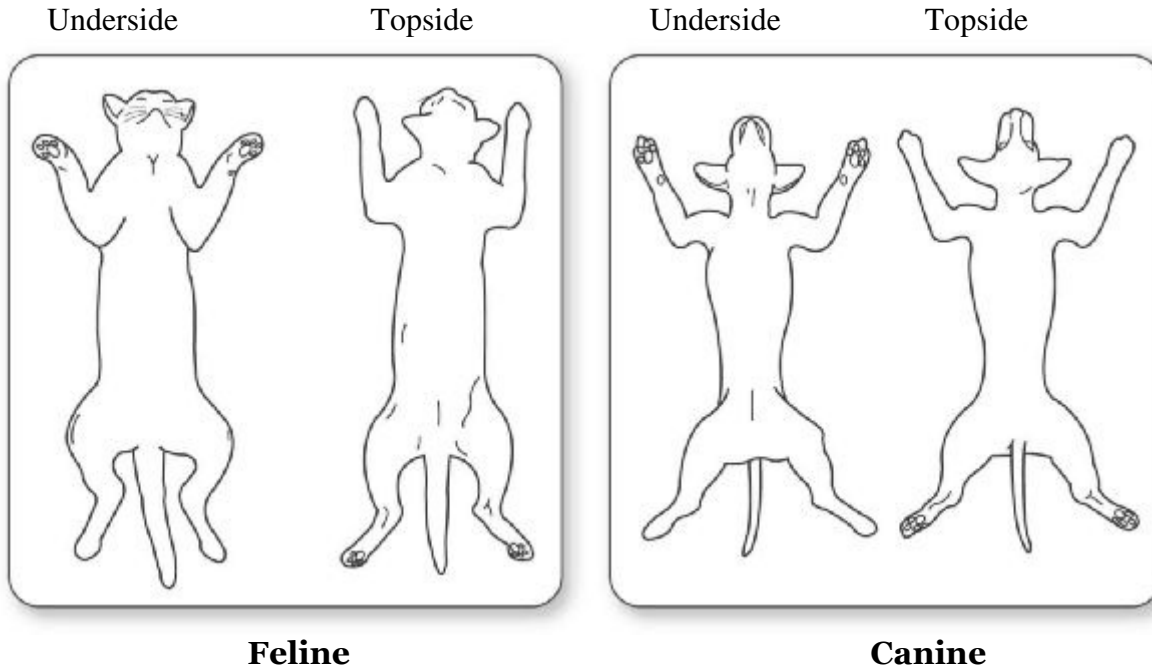
This- Has never happened Has recently happened Is a long time/chronic problem

Does your pet have any allergies? Yes No **If Yes, please describe:**

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Have you given any medications at home? Yes No **If yes, what was used, how much and when?** _____.

Please circle the body part on the appropriate diagram that you think is causing or is the location of the problem. Describe any problems in you own words _____.



I certify I am the owner/agent for the above described animal and authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Village Animal Hospital will contact me after my pet has been examined/evaluated to discuss recommended diagnostics and treatment, and will have an initial estimate of charges.

If I cannot be reached at the number provided, I authorize initial diagnostics, including x-rays and bloodwork if indicated for my pet. If I cannot be reached, I authorize initial treatment to be started, including fluid support and other supportive measures and medications necessary to maintain my pet until I can be reached.

I authorize anesthesia, surgery, and medications if needed for abscess, lacerations, 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, because my pet is hospitalized, and in contact with other animals, I will be charged for vaccinations necessary for the safety of both my pet, other pets in the hospital, and the staff of Village Animal Hospital. I understand I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet while hospitalized.

I understand that payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed, based on the treatment required. I accept full financial responsibility for all charges incurred for his pet.

Signature: _____.

Date: _____.

Contact Phone Number (s): _____.