



SICK

DROP OFF & GO

(Please Print)

Today's Date:

OWNER'S INFORMATION

Owner's Last Name: First: Middle:
Pet's Name: Email Address:
Pick-Up Time Requested: Important - LIST A NUMBER YOU CAN BE REACHED TODAY
Mobile Phone Other Phone:
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PATIENT INFORMATION

What is the reason for today's drop-off exam?
When was you pet last normal? When did the problem start?
How has it changed over time? How you tried anything to fix the problem, and how successful was it?
Has your pet been having any problems?
Coughing Sneezing Vomiting Diarrhea Constipation Changes in Appetite Changes in Water Intake Excessive Drinking
Excessive Urination Straining to Urinate or Defecate Urinary Frequency New Lumps Changes in Previously Noted Lumps
Scooting Rear End Across the Floor Cats, eliminating outside the litter box
Other
Please describe the severity and duration of any problems noted above:
What kind of food does your pet eat? How much? How often? Please list any medications your pet is taking, along with the dose
(number of pills or amount of liquid), and how often you give it:

The doctor will conduct thorough nose-to-tail physical examination and then call with the recommendations on a diagnostic and treatment plan.

In order to make a diagnosis, our doctors may recommend tests and other procedures. We suggest you pre-authorize diagnostic tests up to a certain dollar amount. Please check one of the following spending limits for testing. If none is checked, the hospital will call you for approval:

- \$50 \$100 \$150 \$200 \$250

We pledge to do our very best for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. Payment is required at the time services are rendered. We accept major credit cards, cash and CareCredit. We may also require deposits for certain services. By signing this form, you agree to pay for all charges incurred in the care of this pet.

Owner name

Owner Signature

Date