

TREATMENT DROP OFF FORM

Pet's Name _____ Owner's Name _____

Reason for your pet's visit: Vaccinations Sickness/Illness/Injury

Please describe in your own words any problems your pet is having that need to be addressed: _____

** This has never happened recently happened is an ongoing problem

1. Is your pet on heartworm preventative? Yes No (Brand _____ Date given _____)
2. Is your pet on flea/tick preventative? Yes No (Brand _____ Date given _____)
3. What brand of food do you feed your pet? _____ Dry Kibble Canned Food
 - a. How often do you feed your pet? Once Daily Twice Daily Free Feed (food always available)
 - b. How much does your pet eat at a meal? _____ cups / _____ cans
 - c. What pet treats do you give your pet? _____
 - d. What table food do you give your pet? _____
4. Where does your pet live? Indoors Outdoors Indoor/Outdoor (50/50)
5. Do you have any other pets? Yes No
 - a. Are your other pets currently vaccinated and on heartworm and flea/tick preventative? Yes No
6. Does your pet Get Groomed Stay at a Boarding Facility Have contact with other animals
7. Is your pet currently taking any dietary supplements or medications? Yes No

Activity Level: alert/active lethargic Since _____

Mobility: normal lame/sore Since _____

Water Intake: unchanged increased decreased Since _____

Food Intake: unchanged increased decreased Since _____

Weight: same increased decreased Since _____

Bowel Movements: normal constipated diarrhea Since _____

Urine Output: normal increased decreased straining/bloody Since _____

I am the owner/agent for described animal and authorize initial diagnostics, including radiographs, and blood work (if needed) for my pet. The doctor or veterinary technician will contact me after the examination of my pet to discuss recommended diagnostics and treatment, and to give me an initial estimate of charges. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications as indicated. I authorize sedation and/or general anesthesia, if needed, for diagnostics, treatment, or surgery. I understand, and accept that there are inherent risks with anesthesia, 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.

Signature _____ Date _____

Phone Number _____ (where you can be reached TODAY!)