

# Drop Off Form

Date: \_\_\_\_\_

The information requested will inform us of specific services you want us to provide for your pet. This way we can be certain that we understand what you want, and will best satisfy your expectations. Please

be as specific as possible. If we need additional information, we **MUST** be able to reach you at the number you give us today. Thank you.

Client ID \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Phone number where you can be reached today \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Is your pet sick? ( ) Yes ( ) No - Major complaint \_\_\_\_\_

How long has your pet had this problem? \_\_\_\_\_

Current diet? \_\_\_\_\_ How many times a day do you feed your pet? \_\_\_\_\_

Does your pet get table scraps? ( ) Yes ( ) No

Are there any food allergies? ( ) Yes ( ) No

Did your pet eat this morning? ( ) Yes ( ) No Please specify ( ) regular diet ( ) other \_\_\_\_\_

Appetite? ( ) Decreased ( ) Normal ( ) Increased ( ) Other \_\_\_\_\_

Is your dog on heartworm prevention? ( ) Yes ( ) No Flea/Tick Prevention ( ) Yes ( ) No ( ) N/A

Is your cat on heartworm prevention? ( ) Yes ( ) No Flea/Tick Prevention ( ) Yes ( ) No ( ) N/A

Is your cat ( ) indoors only ( ) outside only ( ) Both Do you have other cats? ( ) Yes ( ) No ( ) N/A

Is your pet on medication? If so how much? \_\_\_\_\_

Did you give your pet any medication before coming? If so, what did you give? \_\_\_\_\_

**Some pets require sedation/general anesthesia for an adequate physical exam, treatment, or surgery. May we sedate your pet if necessary? ( ) Yes ( ) No**

**Our clinic uses the safest protocol for your pets. By answering yes you understand that there is risk involved when any animal is sedated.**

\*\*\*Circle the maximum amount you are willing to spend:

\$200      \$300      \$400      \$500      \$600      \$800

## History

Please check all that apply today:

( ) injury or accident in the past 30 days

( ) drinking more or ( ) less water

( ) any surgery in the past 30 days- please specify \_\_\_\_\_

( ) weakness

( ) spayed or neutered

( ) allergic to medications - please specify \_\_\_\_\_

( ) sneezing

( ) gagging

( ) scooting

( ) urinating ( ) more or ( ) less

( ) history of seizures

( ) vomiting

( ) scratching

( ) diarrhea

( ) shaking head

( ) listless

( ) limping- specify leg \_\_\_\_\_

( ) unusual lumps or bumps-where?

( ) bad breath

( ) weight ( ) loss or ( ) gain

( ) unusual discharge

( ) behavioral changes - If so what changed? \_\_\_\_\_

**Is there anything else we need to know about your pet today? ( ) Yes ( ) No** If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other services:

( ) ear cleaning

( ) toe nail trim

( ) coat brushing

( ) bath

( ) other- please specify \_\_\_\_\_

I understand that my pet is getting worked in between appointments or when the doctor is available. I understand it may take all day for my pet to be seen. I understand I will be contacted when necessary to discuss my pet's treatment plan. I understand that my pet will be monitored and cared for throughout the day.

Owner/Agent Signature \_\_\_\_\_

### Owner Image consent:

I give my consent to the Animal House Veterinary Center to post and use pictures of my pets on the internet (Facebook, webpage, etc) or other marketing materials.

Owner /Agent Signature \_\_\_\_\_

### Owner Release:

You are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. I also understand the inherent risks involved with anesthesia if it becomes necessary.

Date 1/2/2014 Owner /Agent Signature \_\_\_\_\_