



## DROP OFF & GO – SICK VISIT

(Please Print)

Today's date:		
<b>OWNER'S INFORMATION</b>		
Owner's Last Name:	First:	Middle:
Pet's Name:		Email Address:
Pick Up Time: <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> Other request _____		<b>IMPORTANT – LIST A NUMBER YOU CAN BE REACHED AT TODAY</b> Mobile Phone (    )                      Other Contact Phone : (    )
<b>PATIENT INFORMATION</b>		
What is the reason for today's drop-off exam:		
When was your pet last normal?	When did the problem start?	
How has it changed over time?	Have you tried anything to fix the problem, and how successful was it?	
Has your pet been having any problems? <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Changes in Appetite <input type="checkbox"/> Changes in Water Intake <input type="checkbox"/> Excessive Drinking <input type="checkbox"/> Excessive Urination <input type="checkbox"/> Straining to Urinate or Defecate <input type="checkbox"/> Urinary Frequency <input type="checkbox"/> New Lumps <input type="checkbox"/> Changes in Previously Noted Lumps <input type="checkbox"/> Scooting Rear End Across the Floor <input type="checkbox"/> Cats, eliminating outside the litter box  <input type="checkbox"/> 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 a thorough nose-to-tail physical examination and then call you with 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:  <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250		

We pledge to do our very best to care 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, checks 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 \_\_\_\_\_