

TO BE FILLED OUT BY STAFF:

Admitted by: _____

Social Media: **Yes** **No**

Drop Off Consent Form

Date admitted: _____ Owner: _____ **CONTACT PHONE NUMBER:** _____

Email: _____ Pet: _____ Breed: _____

Age: _____ Male: _____ Female: _____ Spayed/Neutered? **Yes:** _____ **No:** _____

Reason for drop off: _____

Vaccines: UTD? _____

PETS MUST BE CURRENT ON REQUIRED VACCINATIONS OR THEY WILL BE GIVEN AT OWNER'S EXPENSE.
Check those currently due, if any:

DOGS: DHPP: _____ Bordetella: _____ Rabies: _____ (Non-required): Lepto: _____ Lyme: _____
CATS: FVRCP: _____ Rabies: _____ (Non-required): Feline Leukemia: _____

When did the symptoms start? _____

Has your pet gotten into anything, if so, what? _____

Has there been any changes in diet? _____

Were any medications given today, if so, what and when? _____

Is your pet still eating and drinking, if not, when was the last time? _____

Is your pet still able to urinate and defecate, if not, when was the last time? _____

After a thorough physical exam, the doctor may want to perform additional testing. If the doctor feels it is necessary, do you authorize the following tests:

In-house Bloodwork:	Y _____ N _____	(\$277.75)
X-Rays, 2 Views:	Y _____ N _____	(\$99.60-195.58)
Fecal Analysis w/ Giardia:	Y _____ N _____	(\$45.39)
Urinalysis w/ Sediment:	Y _____ N _____	(\$75.30)
In-house cytology:	Y _____ N _____	(\$66.72)
Ear cytology:	Y _____ N _____	(48.00)

Please call me before running any diagnostic tests _____

Signed by owner or agent _____