



Office Use Only: Prepped By: _____ Checked In By: _____

Run #: _____ Weight: _____

SICK PET DROP-OFF FORM

We have arranged for you to leave your pet here, to allow a veterinarian to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization at the end of this form.

Pet Name: _____ **Owner Name:** _____

Everything was okay with my pet until _____. Since then, _____

My pet is lethargic: ☐ YES ☐ NO

Water intake has: ☐ Decreased ☐ Increased ☐ Unchanged

My pet has not eaten since: _____

My pet started vomiting: _____

What color? _____

What substance? _____

My pet last vomited: _____

My pet has: ☐ Normal stools ☐ Seems Constipated ☐ Has Diarrhea

Since when? _____

What color? _____

What consistency? _____

What foods has your pet had access to other than recommended pet food? _____

My pet has: ☐ Lost weight ☐ Gained weight.

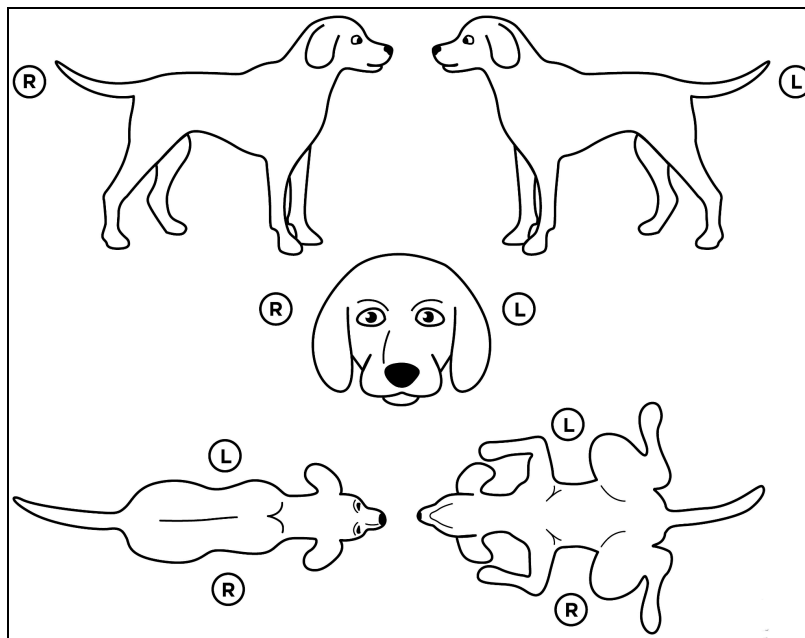
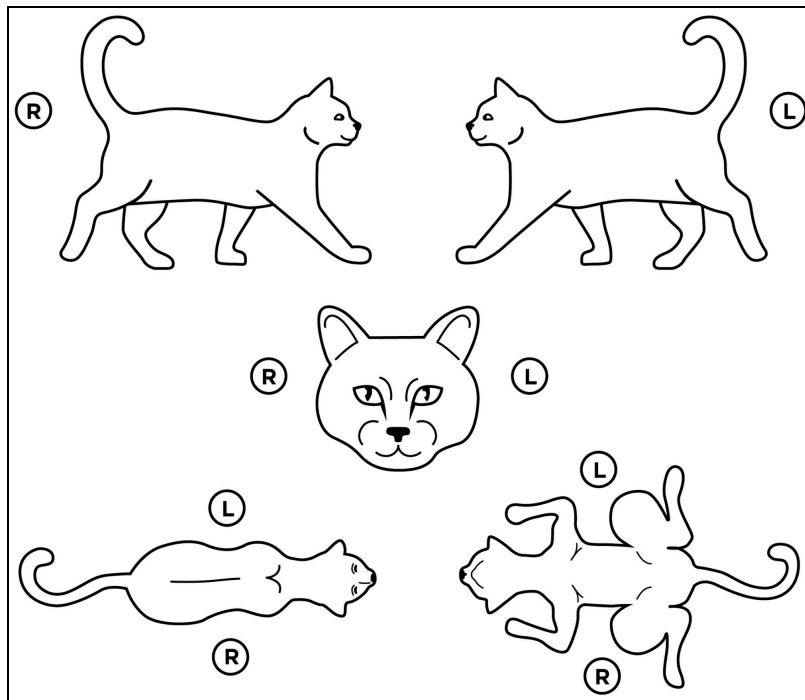
How much weight? _____

My pet is: ☐ Limping ☐ Sore ☐ Been Injured

Describe location/limb affected, for how long, and progression of injury: _____

Please describe in your own words what seems to be the problem and circle the body part on the diagram (next page) that you think is the problem. _____

**Please Indicate
where the issues are:**



I, the owner/agent for the described animal, authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, 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.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Phone Number(where you can be reached today):_____

Signature:_____

Date:_____