**Four Paws Veterinary Clinic**

**Drop Off Form**

**Owners Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number where I can be reached today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have medications been given today? \_\_\_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergic to any vaccinations or medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did your pet eat this morning? \_\_\_\_\_\_\_\_\_ Regular diet or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appetite: (Please Circle) Normal/ Increased/ Decreased or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your pet get table scraps? Yes or No Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please choose one of the following:**

**My Pet is here for: Routine Services Bloodwork \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X-rays**

**My Pet is here for a recheck of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Pet is sick: Please complete the following:**

**My main concern is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your pet been treated before for the same complaint? Yes or No**

**Length of illness or changes in pre-existing conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check ANY symptoms or problems you have noticed about your pet:**

|  |  |  |
| --- | --- | --- |
| **Behavior Changes** | **Discharges, explain: \_\_\_\_\_\_\_\_\_\_** | **Shaking Head** |
| **Bleeding Gums** | **Gagging** | **Sneezing** |
| **Breathing Problems** | **Limping, which leg: \_\_\_\_\_\_\_\_\_\_\_** | **Urination Increase** |
| **Coughing** | **Loss of Balance** | **Urination Decrease** |
| **Depression** | **Scooting** | **Vomiting** |
| **Diarrhea** | **Scratching** | **Weakness** |

**Lump, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete other side…..**

**Vaccinations: All needed All Current**

**Dogs: Distemper/Parvo Bordetella Rabies Heartworm Test Parasite Check**

**Is your dog on monthly heartworm prevention? YES or NO Rx Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Flea\Tick prevention? YES or NO Product name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cats: All Needed All Current**

**Fvrcp Leukemia Rabies FIV/FELVtest Parasite Check**

**Is your cat on monthly heartworm prevention? YES or NO Rx Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Flea\Tick prevention? YES or NO Product name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To promote the diagnosis of your pet, please authorize or decline the following:**

**Authorization of Bloodwork if needed: YES NO Call Before**

**Authorization of X-Rays if needed: YES NO Call Before**

**Authorization of Ear Smear if needed: YES NO Call Before**

**Authorization of Urinalysis if needed: YES NO Call Before**

**Authorization of Medication if needed: YES NO Call Before**

**Statement of Ownership and Consent:** I am the owner and/or agent of the above animal and I authorize FPVC staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure. I agree that additional charges will accrue if my animal is not picked up on the day he or she is ready to be released from the clinic. **I will be responsible for all charges incurred.** I understand that all veterinary services are to be paid for at the time of such services are provided. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Authorized Caregiver Signature (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Additional Phone Number to be reached at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items left with pet (leash, blanket, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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