



# FOUR PAWS & HOOVES

— Veterinary Clinic —

## DROP OFF FORM

### CONTACT INFORMATION

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

Pet's Name: \_\_\_\_\_ Phone number where I can be reached today: \_\_\_\_\_

### MEDICATIONS

Did your pet eat this morning?:  Yes  No Regular diet or other?: \_\_\_\_\_

Pet's Current Medications: \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Is your pet allergic to any medications or vaccinations?:  Yes  No

If yes, please list: \_\_\_\_\_

### DIET

Did your pet eat this morning?:  Yes  No Regular diet or other?: \_\_\_\_\_

Appetite?:  Normal  Increased  Decreased  Other: \_\_\_\_\_

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

### REASON FOR VISIT

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  No

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavior Changes   | <input type="checkbox"/> Discharges - Explain: _____ | <input type="checkbox"/> Shaking Head       |
| <input type="checkbox"/> Bleeding Gums      | <input type="checkbox"/> Limping - Which leg? _____  | <input type="checkbox"/> Sneezing           |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance             | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Lump - Where? _____         | <input type="checkbox"/> Urination Decrease |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Scooting                    | <input type="checkbox"/> Vomiting           |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching                  | <input type="checkbox"/> Weakness           |
| <input type="checkbox"/> Gagging            | Other: _____   |   |

## VACCINATIONS

<b>CANINE</b>	<input type="checkbox"/> All Needed <input type="checkbox"/> All Current <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> Bordetella <input type="checkbox"/> Rabies <input type="checkbox"/> Heartworm Test <input type="checkbox"/> Parasite Check Is your dog on monthly heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No    Rx Name: _____ Flea/Tick Prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No    Product Name: _____
<b>FELINE</b>	<input type="checkbox"/> All Needed <input type="checkbox"/> All Current <input type="checkbox"/> FVRCP <input type="checkbox"/> Leukemia <input type="checkbox"/> Rabies <input type="checkbox"/> FIV/FELV Test <input type="checkbox"/> Parasite Check Is your cat on monthly heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No    Rx Name: _____ Flea/Tick Prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No    Product Name: _____

## AUTHORIZATIONS

**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 Four Paws & Hooves Veterinary Clinic 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.** If I neglect to contact/pick up my pet(s) within 7 days of the pick-up date, Four Paws & Hooves Veterinary Clinic may assume my pet has been abandoned and is hereby authorized to dispose of the pet(s) as it deems best (including euthanasia). 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: \_\_\_\_\_ Date: \_\_\_\_\_

Additional phone number to be reached at: \_\_\_\_\_

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