



DROP OFF EXAMINATION CONSENT FORM

Owner/Agent: _____ Pet Name: _____ Doctor: _____

Number where you can be reached TODAY: _____

In order to better serve you and your pet, please read and complete this form carefully.

What is the nature of your pet's problem?

How long has the problem been present? _____

Is your pet acting normally? _____

Is no, please describe change in activity. _____

Is your pet eating well? _____ **What do you feed your pet?** _____

How often do you feed your pet? _____ **When did your pet last eat?** _____

Is your pet drinking more or less water than usual? _____

If yes, for how long? _____

Is your pet vomiting or having diarrhea? _____

If yes, please provide details (color, duration, how often, blood, mucus). _____

Is your pet sneezing or coughing? _____

If yes, please provide details (duration, frequency, color of discharge, wet/dry cough). _____

Is your pet on any medications? Is yes, please list. _____

Does your pet live indoors or outdoors? _____

Please be aware that by leaving your pet, there will be a daytime hospitalization fee in addition to the physical exam fee. In order to discuss your pet's problem and to provide you with an estimate for any recommended treatments or tests, it is imperative that our doctors are able to reach you easily by telephone today. If this is not possible, or if you prefer to pre-authorize tests and/or treatment, for your convenience, please choose one of the following options:

____ I do not authorize diagnostic work or treatment. I understand that if the doctors are unable to contact me easily today, nothing beyond the physical exam and daytime hospitalization will be performed. Minimum fee of _____

____ I authorize initial diagnostic tests and/or treatments up to the amount of:
____ \$200.00 ____ \$400.00 ____ \$ _____

____ I authorize initial diagnostic tests and/or treatments up to any amount.

Client Signature: _____ Date: _____