

Academy East Veterinary Hospital

Drop Off Form

Owner's name: _____ Date _____

Pet's name _____ Dog _____ Cat _____ Breed: _____ Age _____ Sex _____

Phone number where you can be reached at any time today _____ Best time to call _____

Emergency/Alternate contact if you are unavailable (Name) _____ (Number) _____

Pet's current medications/diet and date/time of most recent dose/meal _____

Allergies to vaccinations/medications _____

Please choose one of the following:

_____ My pet is not having any health problems at this time and is here for routine services or vaccinations.

_____ My pet is here for a recheck.

_____ My pet is sick or is having medical problems.

My main concern (reason for visit) is _____

If sick, please complete the following:

Length of illness or changes in pre-existing conditions _____

Eating habits are: Normal *or have* Stopped Decreased Increased

Drinking habits are: Normal *or have* Stopped Decreased Increased

Please check any symptoms or problems that you have noticed about your pet.

- Behavior Changes
- Bleeding Gums
- Breathing Problems
- Coughing
- Depression
- Diarrhea
- Other _____

- Discharge (explain: _____)
- Gagging
- Limping
- Loss of Balance
- Scooting
- Scratching

- Shaking Head
- Sneezing
- Urination Decreased
- Urination Increased
- Vomiting
- Weakness

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

Yes No Authorization for bloodwork

Yes No Authorization for x-rays

Yes No Authorization for sedation

I understand that there are certain risks to sedation, including, but not limited to: cardiac, respiratory, vascular events, and death.

Please initial treatment preference (based on results of physical exam and diagnostics):

_____ Please treat my pet as needed.

_____ Please call prior to any treatment.

Drop-offs are scheduled for discharge after 4:00 pm. If you need an earlier pick-up time, please specify: _____

I certify that I am the owner (or duly authorized agent for the owner) of the above animal and hereby give my consent to perform the services indicated above. All animals admitted to the hospital must be current on vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense. Vaccinations will also be updated at the owner's expense, unless medical records are provided. I assume full financial responsibility for this pet.

Signature of owner/agent