



Drop Off Examination Form

1525 Wilmington Drive NW DuPont, WA Phone (253) 267-5431 Fax (253) 235-4004

Client Name: _____
Pet's Name: _____ Breed: _____ Sex: _____
Pet's Age: _____ Date of Drop-Off: _____

We have arranged for you to leave your pet here, to allow us to examine them as soon as possible today. Please read through the following questions, and answer or mark any that may apply.

Please provide a history of the problem(s) including when they started:

_____.

If we need to call you what is the best number to reach you today: _____

Has your pet had access to foods other than recommended pet food? Yes No

What are you currently feeding your pet:

- Dry Food, which brand? _____
 Canned food, which brand? _____
 Treats _____
 People Food _____

Is this a recent change? Yes No

If yes, what were you previously feeding? _____

Water intake has: Decreased Increased Unchanged

My pet's weight has: Decreased Increased Unchanged

My pet has not eaten since (date) ____/____/____ Approximate Time: _____

My pet started vomiting (date) ____/____/____ **Non applicable**

What color? _____ What consistency? _____

How often? _____ My pet last vomited? _____

My pet has normal stools My pet seems constipated My pet has diarrhea

My pet started having diarrhea: (date) ____/____/____

What color? _____ What is the consistency? _____

My pet is: **Limping** **Sore** **Injured** **Non applicable**

I think <his> _____ is bothering <him>. This started (date) ____/____/____

It has worsened **or** has improved some ? This has never **or** has recently happened before **or** is a long time (chronic) problem ?

Where does your pet spend time?

- Only Indoor (never outside)
 Mainly Indoor
 Mainly Outdoor
 Equally Indoor/outdoor

Is your pet currently receiving a monthly flea, intestinal, and heartworm preventative?

Yes Product: _____ No

Is your pet currently on any medications?

Yes Please list: _____

When were they last given? _____

Other concerns: (check all that apply)

Itching/Scratching Bad Breath Scooting Masses/Lesions/Growths

Urinary Issues Behavior Problems Wound/Laceration Coughing Sneezing

Lethargy Neurologic Breathing Issues Loosing hair Skin Problems

I am the owner/agent of _____. I authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand you will contact me after <animal> has been examined to discuss recommended diagnostics and treatment and will have an initial estimate of charges. I can be reached at _____.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, blood work, fluid support, and other supportive medications if indicated for my pet up to \$_____.

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

If your pet should suffer a cardiac or respiratory arrest during their stay here, how would you prefer we care for your pet?

Please make all efforts to resuscitate my pet. (I accept financial responsibility for charges associated with resuscitation)

Please make conservative efforts to resuscitate my pet.

I authorize emergency veterinary care costs up to \$_____

Please do not make any attempts to resuscitate my pet (DNR).

Signature: _____

Date: _____