



Drop Off Examination Form

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

Name _____
Animal _____ Breed _____
Sex _____ Age _____
Date _____

We have arranged for you to leave your pet here today for examination by a veterinarian. We will do this as soon as possible, however this may not be until later in the day. We will call you as soon as we are finished with the examination and initial approved diagnostics. Please read through the following questions, and answer or mark any that may apply.

Please provide a **detailed** explanation about the presenting issue: _____

Date first noticed: _____

Has your pet had this issue or a similar one previously? _____

What are you currently feeding your pet:

- Dry Food, which brand? _____
Amount: _____
- Canned food, which brand? _____
Amount: _____
- Treats, brands? _____
Frequency: _____
- People Food? _____
List foods and frequency: _____

Is this a recent change? Yes No

If yes, what were you previously feeding? _____

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

Date/Time of last meal: _____ Amount: _____

Water intake has: Decreased Increased Unchanged

My pet's weight has: Decreased Increased Unchanged

My pet's appetite has: Decreased Increased Unchanged

Has your pet been vomiting?: No Yes My pet started vomiting (date) _____/_____/_____

(If yes, please fill out the following)

What color? _____ How frequently? _____

What consistency? _____

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

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

What color? _____ What is the consistency? _____

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

Affected body part: _____

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 ?

Description of injury/additional symptoms: _____

My pet is: **Coughing** **Sneezing** **Non applicable**

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 ?

Description of injury/additional symptoms: _____

Does your pet spend time at any of the following?

Dog Park Daycare/boarding Grooming Heavily wooded areas with wildlife

Where does your pet spend <his> time when at home?

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

Is your pet currently receiving any medications, including monthly flea, intestinal, and heartworm preventative?

No

Yes Please list the medication, dosing, and frequency given: _____

When were they last given? _____

Has your pet had any recent travel history outside of the state of Washington?

No

Yes Please list where and when: _____

Please list any additional information that may be needed today:

Please list any additional treatments you would like performed today:

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 my pet has been examined to discuss recommended diagnostics and treatment and will have an initial estimate of charges. 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 <animal> 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, post-operative infection, and in rare instances 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 <his> stay here, how would you prefer we care for my pet?

(choose one of the following options:)

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

Please make conservative efforts to resuscitate my pet (I authorize emergency care costs up to \$_____)

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

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

Signature: _____

Date: _____