## DROP-OFF Form

**To help protect our clients and employees from exposure to the COVID-19 virus,we are taking drop-off appointments for sick/injured pets only at this time.Those existing patients that require vaccines or other services may be dropped off at the doctor's discretion.Our hospital asks that you fill out this form in order to better facilitate the examination of your pet in your absence. Thank you for your patience as we figure out how to provide your pet with necessary care while preventing the spread of COVID-19 in our community.**

**Client Name** First/Last_____(please print name)
Are you the owner of this animal? Yes □ No □
If no, please print your name clearly_____
Relationship to owner(s)? Circle one: Relative/Friend/Neighbor/Other
**Has the owner of this animal or you been ill (with cough, fever, or shortness of breath) or diagnosed with COVID-19?** Yes □ No □

Are you a **NEW** client to our clinic? Yes □ No □
If you are not a new client, is this a **NEW pet** for you? Yes □ No □

**Pet Name**_____ Sex: Male/Female Neutered/Spayed (Circle One)
**Age** _____ Years/Months (Circle One)
**Species**: Cat/Dog/Other (Circle One) If Other, please specify_____
**Breed** (if known/best guess): _____Color: _____

**Reason for Drop off?** Exam/Spay/Neuter/Dental Cleaning/Vaccinations/Other (Circle any that apply). If dropping off for a surgical procedure, did you fast your animal?Yes □ No □
**ANY KNOWN ALLERGIES TO VACCINES/MEDICATIONS?**Yes □ No □

**We have arranged for you to leave this pet here to allow our staff to examine this pet as soon as possible today. Please read through the following questions, and answer any that may apply to this pet today. Please read and sign the authorization at the bottom of this form.**

Everything **was okay with this pet until** _____.
This pet is **lethargic**: Yes □ No □
**Water intake** has: Decreased/ Increased/Unchanged (Circle one)
Is this pet **eating normall**y? Yes □ No □
If No, Eating more? □ Eating less □ Not eating at all □ For How Long? _____
What food does this pet normally eat (include treats)?: Pet food Yes □ No □
**Brand**_____ Wet? Yes □ No □ Dry?Yes □ No □ **Grain free?**Yes □ No □
Is it a new food? Yes □ No □ If yes, since when?_____
Are human foods given? Yes □ No □

Is this pet **vomiting**? Yes □ No □ If yes, this pet started vomiting on: _____
Is the vomit (Circle any that apply): Water/Foam/Digested Food/Undigested FoodThis pet last vomited: _____
Does this pet have normal **stools**: Yes □ No □
If no, please circle one: Soft/Diarrhea/Watery/Hard
What color? _____ Is blood present? Yes □ No □

This pet has: **Lost** weight Yes □ No □ OR **Gained** weight Yes □ No □

This pet is **Lame** Yes □ No □ or **Sore** Yes □ No □ or **has been injured?** Yes □ No □

I think his/her (circle): **Eyes/Ears/Mouth/Neck/Stomach/Back/Legs/Anal Area/Skin** are bothering him/her.

This started _____. **It has worsened?** Yes □ No □ or, **improved some** Yes □ No □

This has **recently happened** Yes □ No □ or is a **long time (chronic) problem** Yes □ No □

Has this pet **recently traveled** outside your city? Yes □ No If so, where?_____Has your pet **recently been boarded**? Yes □ No □

Is this pet on any **medications?** Yes □ No □
Please **list medications, dose and time:**

1)_____ How many tablets at a time? _____ Time of Day given: AM □ PM □
2)_____ How many tablets at a time? _____ Time of Day given: AM □ PM □

Please **list any additional medications on the back of this sheet.**
Is this pet currently on **Heartworm prevention**? Yes □ No □ **Flea/Tick control?** Yes □ No □

I am the owner/agent for described animal and authorize, and request an exam for this pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges.

**I can be reached at this phone number:_____**

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.
I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including 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.**

**Signature:_____ Date: _____**