Drop Off Form

Age ____ Sex ____ S ☐ N ☐ Temp _____ Pulse _____ Resp _____ Weight ____ Photo ☐

Reason for Visit _____

Current Diet _____ Dry ☐ Canned ☐ Treats - Yes / No Table Food – Yes / No

Current Medications : OTC _____
Prescription _____
Vitamins / Supplements _____

History: _____
Vaccine status ☐Current _____
☐Overdue _____
HWP ☐Current
☐Not current, missed dose(s)
Clinical
☐Coughing
☐Sneezing
☐Vomiting
☐Diarrhea
Appetite – ☐normal
☐decreased
Past Illnesses
Flea or Tick problems?
Other Problems?

Brief PE Ears ☐normal ☐abnormal _____
Skin/Coat ☐normal ☐abnormal _____
Teeth ☐tartar ☐gingivitis ☐halitosis ☐retained deciduous
Nail Trim needed ? ☐
New Client folder? ☐magnet ☐brochure ☐business cards

Some pets require sedation for adequate physical exam, treatment, or surgery			
May we sedate your pet if necessary?	Yes	No	Call first
After examination by the Doctor, may we proceed with tests and / or treatment?	Yes	No	Call first

Owner Release:

The Doctors and staff of PetDocks Veterinary Hospital are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. In understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and / or necessary.

_____

DATE OWNER/AGENT

Phone Number(s) where you can be reached _____