

Office Use: Date: _____ Time: _____

Galilee Veterinary Hospital Drop Off Form

The information requested would tell us the things you want us to do for pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name _____ Pet's Name _____

Is address & phone number on medical record still correct? Yes No

Phone number where you can be reached today _____

Presenting Problem? _____ When did you first notice symptoms? _____

Has pet been treated previously for same condition? Yes No When? _____

Has this condition: Worsened Improved Stayed the same

Have you given your pet any medications or treated current issue with anything? Yes No

What? _____ When? _____

Symptoms- please check all that apply

<input type="checkbox"/> Normal Activity	<input type="checkbox"/> Quieter than normal	<input type="checkbox"/> Lethargic / Listless	<input type="checkbox"/> No Urination
<input type="checkbox"/> Normal Appetite	<input type="checkbox"/> Eating less	<input type="checkbox"/> Not Eating	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Normal Drinking	<input type="checkbox"/> Drinking less	<input type="checkbox"/> Drinking More	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Normal Urination	<input type="checkbox"/> Straining to urinate	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Gagging
<input type="checkbox"/> Normal Stool	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation / Straining	<input type="checkbox"/> Urination Accidents
<input type="checkbox"/> Normal Weight	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Weight gain	<input type="checkbox"/> Scratching
<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Chewing
<input type="checkbox"/> Stiffness	<input type="checkbox"/> Difficulty rising	<input type="checkbox"/> Lameness	<input type="checkbox"/> Shaking Head
<input type="checkbox"/> Limping	<input type="checkbox"/> Scooting	<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Lumps / Bumps

Description of symptoms: _____

Current diet _____ No. feedings per day _____ Is your pet given table scraps? Yes No

When was your pet last vaccinated? _____ By Whom? _____

Is your pet on Heartworm Preventive? Yes No Product name: _____ Last Given: _____

Is your pet on flea/ tick prevention? Yes No Product name: _____ Last Given: _____

Does your pet take any regular medications or supplements (prescription or over the counter)? Yes No

Medication name(s) and dosage _____

Is your pet allergic to any medications? Yes No What? _____

History of seizures? Yes No How Long? _____ Describe? _____

Did your pet eat this morning? Yes No What? _____ When? _____

Anything else we need to know? _____

Some pets require sedation for adequate physical exam, treatment, surgery or dentistry.

After examination by the Doctor, may we proceed with tests and /or treatment? Yes No

Call first

May we sedate <animal> if necessary? Yes No Call first

May we perform blood work for <animal> is necessary? Yes No Call first

May we x-ray <animal> if necessary? Yes No Call first

Call the office by 2:00 p.m. to check on progress and in case we have not been able to get in touch with you.

OWNER RELEASE: You are to use all reasonable precaution against injury, escape, or death of <animal>.The clinic and staff will **NOT** be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with <animal> while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

OWNER/AGENT _____

DATE _____

I understand that state law requires rabies vaccination for all pets. If <animal> does not have a current rabies vaccine, with documentation, I understand that <animal> will be given a rabies vaccination today if health permits. I also understand <hospital> is a free flea hospital and if <animal> has fleas <animal> will be treated and the treatment will be charged to owner.

Owner/Agent Initial: _____ Date: _____