

Date _____

FINE ANIMAL HOSPITAL ILLNESS DROP OFF FORM

In order to provide your pet with the best possible medical care, please take a few minutes to fill out this medical form. Your pet cannot speak to us, so please give us your most accurate assessment of his or her condition. Your pet is counting on you!

Owner: _____

Pet Name: _____

Best way to contact you: _____ or _____

1. Brief description of symptoms or reason for drop off:

2. How long have the symptoms been going on? _____

3. Have they occurred previously? _____

4. If so, when? _____

5. Is your pet on any medications? Yes _____ No _____

*What medications: _____

6. Approval for diagnostic test (Must initial for approval to proceed with testing):

- Radiographs: _____
- Sonogram: _____
- General Health bloodwork: _____
- 4DX Test (Lyme disease, Anaplasmosis, Ehrlichiosis, and Heartworm): _____
- Intestinal Parasite Screening w/ Giardia (Fecal Sample): _____
- Urinalysis: _____

7. Some pets require sedation for adequate physical exam and/or treatments.

May we sedate your pet if necessary? Yes (Please Initial): _____ Call First: _____

Any other details you would like us to know about your pets drop off? Any other work to be done while your pet is here? _____

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. I hereby authorize the veterinarian(s) and Fine Animal Hospital to examine, prescribe for, and treat the pet described above. I authorize Fine Animal Hospital to do whatever treatment may be necessary should an emergency situation arise. I acknowledge and agree to pay all costs arising for the medical care and treatment of the animal above. I also understand that these charges must be paid at completion of service or time of release, and that a deposit of 50% is required for surgical and/or in-hospital treatments.

Signed: _____