

Animal Care of Oradell

2 Berkshire Street
Oradell, NJ 07649

DROP OFF TREATMENT FORM

What will we be seeing your pet for today? _____

Primary Complaints:

Vomiting Blood in Urine Itching Painful Diarrhea Coughing Hair Loss
 Sneezing Blood in Stool Lethargic Ears Eyes Growth/Lump
 Difficulty Breathing Anorexia Inappropriate Urination Lameness/Limping
 Other: _____

If your pet has any unusual lumps, bumps, wounds or skin irritation which you would like the doctor to address today please note the location of each on the diagram. _____



Has your pet an increase or decrease in any of the following:

Drinking	Increase	Decrease	No Change
Appetite	Increase	Decrease	No Change
Urination	Increase	Decrease	No Change
Defecation	Increase	Decrease	No Change
Weight	Increase	Decrease	No Change

Was your pet fed today? Yes No Time of meal? _____

Any previous illness/surgery? _____

Is your pet on any medications/flea control? (please list) _____

What is your pet's diet? _____

Has your pet been seen by another veterinarian for treatment? _____

May we call for records? Yes No

Any other issues you would like to address? _____

Please read and initial ONE of the following:

I authorize testing and treatment per estimate given and place no limit on additional charges/services deemed necessary by the veterinarian.

I authorize testing and treatment per estimate given and approve charges up to an additional \$_____.

Please call me with an estimate before performing any procedures not outlined on the estimate given. If I cannot be reached, I authorize additional treatments deemed necessary by the veterinarian.

Please call me with a revised estimate before performing any additional procedures not outlined on the estimate given. I understand that if I cannot be reached, my pet will receive NO treatments, except in the case of an emergency, other than those outlined on the original estimate.

Please read and initial the following:

I hereby give my consent to Animal Care of Oradell to perform an exam and treatment(s).

Signature of Owner/Agent _____ Date _____

Contact Number _____ Contact Name _____