# *Kind Veterinary Clinic*
# *Drop off form*

Owner/Contact Person:_____

Pet's Name: _____

Phone Number to communicate: _____

**Permission for diagnostic tests**: BLOOKWORK: yes / no / call first X-RAYS: yes / no / call first

After the exam, the doctor will contact you. **PLEASE BE AVAILABLE AT THE NUMBER YOU HAVE GIVEN.**

Reason for drop off today:

_____

_____

_____

When did the symptoms begin? _____

Have you discussed this issue with a doctor? _____

Name of doctor_____

Please mark any of the following symptoms you've noticed with your pet:

- ◯ Vomiting: How Often? _____
- ◯ Decrease appetite
- ◯ Coughing
- ◯ Sneezing
- ◯ Limping: Which Limb(s)? _____
- ◯ Decreased energy
- ◯ Nasal discharge
- ◯ Eye discharge
- ◯ Heavy breathing
- ◯ Scratching: Where? _____
- ◯ Hair loss: Where? _____
- ◯ Change in urination patterns
- ◯ Constipation
- ◯ Weight loss
- ◯ Diarrhea
- ◯ With diarrhea have you seen:
- ◯ Blood
- ◯ Mucous

**Please list any medications your pet is currently taking and when the last dose was given:**

_____

I give my permission for Kind Vet to examine my pet today and perform any emergency procedures necessary to stabilize my pet in the case of an emergency.

**SIGNATURE:_____DATE_____**