



PATIENT DROP OFF FORM



Account #: _____

CLIENT: _____

Name of Primary Contact/Transport Person: _____

Patient: _____

Our medical team will be contacting you to discuss your pet's care.
Please keep your phone available at all times while your pet is in our care today.

Phone Number: _____

In your own words, take a few moments and clearly define what problem/symptom(s) your pet is currently experiencing. Include DURATION, SEVERITY, BEHAVIOR, etc. _____

List any significant prior medical problems, any allergies to medications/diet/etc: _____

List any medications and/or over the counter supplements your pet is currently taking. Include dose and frequency. _____

Has your pet experienced any of the following symptoms in the last 48 hours?

- Y / N** Loss of Appetite
- Y / N** Loss of Thirst
- Y / N** Lethargy
- Y / N** Coughing
- Y / N** Sneezing
- Y / N** Vomiting
- Y / N** Diarrhea
- Y / N** Constipation

- Y / N** Increased Urination
- Y / N** Lack of Urination
- Y / N** Itching
- Y / N** Skin Irritation
- Y / N** Respiratory distress
- Y / N** Lameness / Stiffness
- Y / N** Bad breath / Oral Discomfort
- OTHER:** _____

Does your pet attend any of the following activities/places?

Daycare Boarding Grooming Parks

Where can East Valley Veterinary Clinic obtain current Medical Records for <animal>?

Do we have permission to perform the following diagnostics if indicated?

Radiographs (\$125+) *Initial* _____ Urinalysis (\$60) *Initial* _____
 In-House Bloodwork (\$85-260) *Initial* _____ Sedation (\$70+) *Initial* _____

I realize that IT IS ESSENTIAL THAT I BE AVAILABLE TO ANSWER MY PHONE so the Doctor may best help my pet and me in a timely manner. If I am not available, I understand this could delay medical treatment for my pet. In the event that I am not available by telephone, the Doctor will treat urgent/emergent issues as they feel necessary. *Initial* _____

DATE: _____ **SIGNATURE:** _____

**** Payment is due at time of services rendered ****