



Drop Off Exam Form

Patient Label

Patient Name: _____

Date: _____

Name and phone number of primary contact today: _____
(please indicate if you prefer text over calls)

Symptoms:

- | | | | |
|-----------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Abnormal Behavior/Attitude | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Vomiting Food |
| <input type="checkbox"/> Increased Urination | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Vomiting Liquid |
| <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Itching/Skin Problems | <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Lump/Mass | <input type="checkbox"/> Seizures | <input type="checkbox"/> Painful | <input type="checkbox"/> Urinary issues |
- Cuts/Skin Injuries-where? _____
- Bleeding-from where/how long? _____
- Limping-which leg/how long? _____

Please describe symptoms further, list any not above, and let us know how long they have been going on?

Please describe any known history what may have led to the current problem(s)

Is your pet on any medications (including flea/heartworm meds and supplements)? If so, please list medications and when last given:

What is your pet's current diet: _____

Is there any additional information you feel the veterinarian should know?

I understand and agree to the following:

- My pet is being dropped off and worked into the schedule which means he/she will be looked at as soon as the doctor is available but no specific time can be guaranteed.
- The doctor will call me at the number listed above after the exam (Usually \$65) to discuss the exam findings and treatment options/additional pricing information for today. No time can be guaranteed for this call so I will have my phone available to me throughout the day.
- I understand that my pet may be here for most or all of the day today but I will be available to pick up before closing (6pm on weekdays and 4pm on Saturday unless special arrangements are made).
- I understand that payment will be collected in full when my pet goes home today.

Signature _____ Date _____
<first-name> <last-name>

Preauthorization for services

Drop off exams are seen in addition to our already scheduled appointments. This often means patients are here with us for the entire day. Depending on the circumstances and how sick the patients is, hospitalization charges may apply. Listed below is pricing information for more common diagnostics. Please check any options you would like to pre-approve today. Our doctors always follow up with a phone call to discuss recommendations for your pet but pre-approving certain diagnostics can help speed up the process.

*****Exam: \$75 for sick patients, \$120 for emergency/urgent cases*****

I would like to pre-authorize the following with the knowledge that the prices listed are just estimates, please check any that you feel apply to your pet today:

- X-rays: Start at \$110 and go up from there depending on the number of x-rays (\$110 for the initial x-ray and setup, additional views are \$75 each, radiologist consultation \$155-\$243)
- Sedation if needed: \$64-\$100.50 depending on the size of the patient and level of sedation needed
- Ear cytology: \$40 (used to determine if your pet has an ear infection and if so, what kind of infection so that we prescribe the best medication)
- Cytology of a mass: \$51.50 for in-house, \$144 to send to the lab (additional fees apply if sending samples from multiple places.
- Bloodwork: \$105-\$250 depending on the size of the panel and the information the doctor needs.
- Urinalysis: \$70.50-\$227 depending on if a urine culture is recommended.

In the event we are unable to reach you, please select ONLY ONE option below:

- I approve any services recommended regardless of cost.
- I approve the exam charge and up to \$_____ in additional fees for diagnostics and medications. I would like to speak to the veterinarian before additional charges are incurred.
- I understand that I will be responsible for the exam fee but do not authorize additional charges without speaking to veterinarian first. I understand that if I am unable to be reached, this may result in a delay in treatment for my pet.

Signature _____ Date _____
<first-name> <last-name>