

PATIENT DROP OFF FORM

DATE: _____

PETS NAME _____

YOUR NAME: _____

Phone _____

Phone _____



Can you make medical and financial decisions regarding this pet? YES NO

If you checked the "No" box. Please let us know who we need to contact below.

NAME: _____

PHONE: _____

RELATION TO YOU: _____

REASON FOR VISIT

- PREVENTIVE CARE
- EXAM
- ILLNESS
- INJURY
- BLOODWORK
- RECHECK
- GLUCOSE CURVE
- POST-OP SURGERY

EXPLAIN YOUR PETS VISIT TODAY

ADDITIONAL CONCERNS

I HAVE NO OTHER CONCERNS

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> EATING LESS | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> VOMITING | <input type="checkbox"/> SHAKING HEAD |
| <input type="checkbox"/> DRINKING LESS | <input type="checkbox"/> BEHAVIORAL | <input type="checkbox"/> WEIGHT LOSS | <input type="checkbox"/> CAR SICKNESS |
| <input type="checkbox"/> DRINKING ALOT | <input type="checkbox"/> URINATION ISSUES | <input type="checkbox"/> WEIGHT GAIN | <input type="checkbox"/> BAD BREATH |
| <input type="checkbox"/> EXCESSIVE SLEEPING | <input type="checkbox"/> SKIN MASSES / LESIONS | <input type="checkbox"/> ITCHING / SCRATCHING | |

● DURATION OF THESE SYMPTOMS? _____

PLEASE FILL OUT FOR YOUR PETS SAFETY

HAS YOUR PET EVER HAD AN ADVERSE REACTION TO ANY:

- | | | |
|-------------|------------------------------|-----------------------------|
| VACCINES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| MEDICATIONS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| PROCEDURES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF SO, PLEASE DESCRIBE _____

YOUR PETS LAST MEAL:

- AM TODAY
- PM YESTERDAY
- AM YESTERDAY

OTHER: _____

PETS DIET: _____

I hereby authorize the veterinarian and Mechanicsville Animal Hospital to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will 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. As the owner/authorized agent for the above patient. I give consent for Mechanicsville Animal and maintain anesthesia if deemed necessary. I understand and accept that there is a risk associated with any type of anesthetic procedure

SIGNATURE OF OWNER: _____ DATE _____

ADDITIONAL SERVICES FOR YOUR PETS CARE

PLEASE INDICATE IF YOUR PET NEEDS THE FOLLOWING <i>Additional charges will apply</i>	Initial in the box if you need the following services done
<div style="text-align: center; background-color: #e0e0e0; padding: 5px;">KENNEL BATH</div> <p>Do you have family coming into town or does your pet smell especially “doggy” lately? Although this is not a professional grooming service, we can give your pet a quick bath to help them smell their best.</p>	
<div style="text-align: center; background-color: #e0e0e0; padding: 5px;">NAIL TRIM</div> <p>Are you noticing that your pet’s nails are getting too long when they jump on you or up on a favorite resting spot, or when their excessively long nails are scratching the floor? Long nails can cut skin and rip furniture. They can cause pain and injury to your pet as well. While they are receiving care from us today we would be happy to trim your pet’s nails for you! An additional charge also applies if sedation is required.</p>	
<div style="text-align: center; background-color: #e0e0e0; padding: 5px;">ANAL GLAND EXPRESSION</div> <p>The famous scoot across the floor is a good indication that your dog needs their anal glands expressed. Other signs are a fishy odor around your dogs behind or licking near their rectum. This may be an indication that your pet needs their anal glands expressed.</p>	
<div style="text-align: center; background-color: #e0e0e0; padding: 5px;">MICROCHIP</div> <p>Microchips are an important part of pet ownership. In the event your pet becomes separated from you, any shelter or veterinary facility has the ability to scan for microchip information. We recommend that all pets be microchipped. This service is something that we can do at your pets drop off today.</p>	
<div style="background-color: #1a3d54; color: white; text-align: center; padding: 5px;">REFILL MEDICATIONS</div> <p style="text-align: center;">Please list the medication(s) you will need for us to refill:</p>	
<div style="background-color: #1a3d54; color: white; text-align: center; padding: 5px;">REFILL HEARTWORM PREVENTION</div> <p style="text-align: center;"> <input type="checkbox"/> INTERCEPTOR PLUS <input type="checkbox"/> HEARTGARD PLUS </p>	
<div style="background-color: #1a3d54; color: white; text-align: center; padding: 5px;">REFILL FLEA AND TICK PREVENTION</div> <p style="text-align: center;"> <input type="checkbox"/> NEXGARD <input type="checkbox"/> BRAVECTO <input type="checkbox"/> REVOLUTION + </p>	

INITIALS

Payment is expected at the time services are rendered. We accept cash, personal checks and all major credit cards. We will gladly prepare a written estimate if you desire. We make every effort to make sure all fees are fair and reasonable and you are encouraged to discuss charges before services are rendered.