FAMILY PET CLINIC

SICK ANIMAL DROP OFF FORM

If you are dropping off your pet to be seen by Dr. Dunahoo, please understand that your pet will be seen either between appointments or after appointments are done unless it is a life or death emergency. Your pet maybe here the entire day unless notified by Family Pet Clinic that your pet is ready for pick up.

ALSO, IF YOU ARE DROPPING YOUR PET OFF PLEASE UNDERSTAND THAT IT IS VERY IMPORTANT THAT WE BE ABLE TO CONTACT YOU FOR FURTHER INFORMATION. IT IS ALSO IMPORTANT THAT WE BE ABLE TO CONTACT YOU INORDER TO GET YOUR PERMISSION TO PROCEED WITH VARIOUS DIAGNOSTIC WORK OR TREATMENT WHICH WE DID NOT GET YOUR OK FOR ON THE ESTIMATE SHEET. WE WILL PERFORM ONLY THE WORK THAT WE HAVE RECEIVED YOUR APPROVAL ON. IF YOU WILL BE HARD TO REACH IT IS VERY IMPORTANT THAT YOU STAY IN CLOSE CONTACT SO THAT WE CAN GET YOUR PERMISSION FOR FURTHER WORK WHICH MAY BE NEEDED.

AFTER HOUR DISCHARGES WILL NOT BE PERMITTED UNDER ANY CIRCUMSTANCES. ANY PET NOT PICKED UP BY 6PM (TIME OF CLINIC CLOSING) THE PET WILL BE SET UP IN BOARDING. BOARDING FEES WILL BE APPLIED ACCORDING TO TYPE AND SIZE OF PET AT THE OWNERS EXPENSE.

Owner's Name: _____

PLEASE LIST PHONE NUMBERS YOU CAN BE READILY CONTACTED

Contact Number Today: _____

Alternate Contact Number: _____

Pet's Name: _____Age: _____ or Date of Birth: (___/___/_____)

Breed: _____Color: _____

CIRCLE ONE: Species: DOG / CAT / OTHER_____

Gender: MALE OR FEMALE Altered: SPAYED OR NEUTERED

Symptoms:

- ☐ decreased eye sight
- ☐ eye drainage/redness
- ☐ ear odor, drainage, or pain
- ☐ scratching at ears
- ☐ increased body odor
- ☐ difficulty climbing or rising
- ☐ increased or decreased thirst
- ☐ decreased activity level
- ☐ confusion or disorientation
- ☐ decreased responsiveness
- ☐ abdominal pain or swelling
- ☐ scooting or chewing at rectum
- ☐ itching or scratching
- ☐ hair loss or redness of skin
- ☐ increased or difficult urination
- ☐ mouth/teeth odor/soreness
- ☐ bleeding from any body orifice
- ☐ loss of house training
- ☐ difficulty or reluctance to jump up
- ☐ increased or decreased appetite
- ☐ decreased hearing
- ☐ shaking head
- ☐ skin lumps or bumps
- ☐ coughing or sneezing
- ☐ weight gain or loss
- ☐ stiffness or lameness
- ☐ acts painfull
- ☐ vomiting
- ☐ abnormal stools
- ☐ excessive pantin

☐ Other: _____

What food does your pet eat? Specify Brand and type._____
Does your pet eat human/Table food. YES or NO
If yes, when, how much, and what kinds._____
How long have symptoms been noticed? _____
How often have symptoms been occurring? _____
Are symptoms improving, staying the same, or worsening? _____
Is your pet on heartworm preventative YEAR ROUND ALL 12 MONTHS? YES or NO
If YES list brand._____
Have you recently given any flea or tick medication, pills, topical products, baths, etc? Please specify brand and when it was applied._____
Does your pet have any allergies to vaccines, medications, or anything else? _____

_____

When was your pet last vaccinated?_____

From what clinic/phone number may we obtain your records? _____

_____

If needed after the doctor's exam, may we sedate, do preliminary bloodwork, urinalysis, and/or X rays?

☐ Yes, please proceed with whatever testing and treatment is needed.

☐ Yes, please proceed with testing and treatment up to _____ dollars without contacting me.

☐ No, I must be contacted before any testing or treatment is performed (other than what I may have already authorized). **Your pet will NOT receive any (or additional) treatment until we are able to reach you.**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). This form also serves my permission to release medical records if necessary or requested, and waives confidentiality of the medical record. I assume full responsibility for any and all charges incurred in the care of this animal. I also understand that these charges WILL BE PAID AT TIME OF SERVICES RENDERED and that a deposit may be required for surgical treatment or hospitalization of any kind.

Please <u>circle</u> your method of payment today:

MASTERCARD VISA DISCOVER CASH CARECREDIT AMER. EXPRESS

Signature of Owner: _____ **Date:** _____