**DROP OFF FORM**

To help protect our clients and employees from exposure to the COVID-19 virus, we are taking drop-off appointments for sick/injured pets only at this time. Those existing patients that require vaccines or other services may be dropped off at the doctor's discretion. Our hospital asks that you fill out this form in order to better facilitate the examination of your pet in your absence. Thank you for your patience as we figure out how to provide your pet with necessary care while preventing the spread of COVID-19 in our community.

Client Name​ First/Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name)

Are you the owner of this animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please print your name clearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to owner(s)? Circle one: Relative/Friend/Neighbor/Other

**\*Has the owner of this animal or you been ill (with cough, fever, or shortness of breath) or diagnosed with COVID-19? ​**

 **Yes ( ) No ( )**

Pet Name\_​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Drop off?​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If dropping off for a surgical procedure, did you fast your animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY KNOWN ALLERGIES TO VACCINES/MEDICATIONS?​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Everything ​was okay with this pet until​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This pet is ​lethargic​: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water intake ​has: Decreased/ Increased/Unchanged (Circle one)

Is this pet ​eating normall​y? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, Eating more? ( ) Eating less ( ) Not eating at all ( ) For How Long? \_\_\_\_\_\_\_\_\_\_\_\_

What food does this pet normally eat (include treats)?: Brand\_​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wet? \_\_\_\_\_\_\_\_\_\_\_\_ Dry? \_\_\_\_\_\_\_\_\_\_\_ Grain free?​\_\_\_\_\_\_\_\_\_\_\_\_

Is it a new food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, since when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are human foods given? \_\_\_\_\_\_\_\_\_\_ If so what kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this pet ​vomiting​? Yes ( ) No ( ) If yes, this pet started vomiting on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the vomit (Circle any that apply): Water/Foam/Digested Food/Undigested Food

This pet last vomited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this pet have normal ​stools​: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please circle one: Soft/Diarrhea/Watery/Hard

What color? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is blood present? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This pet has:​ Lost​ weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Gained ​weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this pet ​Lame, Sore or has been injured?​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I think his/her (circle):​ Eyes/Ears/Mouth/Neck/Stomach/Back/Legs/Anal Area/Skin​ are bothering him/her.

This started \_\_\_\_\_\_\_\_\_\_. ​It has worsened?​ \_\_\_\_\_\_\_\_\_\_\_\_\_or, ​improved some\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This has ​recently happened​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or is a ​long time (chronic) problem​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this pet ​recently traveled ​outside your city? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet​ recently been boarded​? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this pet on any ​medications?​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please​ list medications, dose and time:

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many tablets at a time? \_\_\_\_\_\_\_\_\_ Time of Day given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many tablets at a time? \_\_\_\_\_\_\_\_\_ Time of Day given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ​list any additional medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this pet currently on ​Heartworm prevention​? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flea/Tick control?​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the owner/agent for described animal and authorize, and request an exam for this pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges.

 ​I can be reached at this phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_