

**PATIENT DROP OFF AND CONSENT FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_

Reason for examining your pet today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is a problem, when did you first notice the problem? \_\_\_\_\_

\_\_\_\_\_

What did it look like then? \_\_\_\_\_

How has your pet's appetite and water consumption been? \_\_\_\_\_

Is your pet on any medication now? \_\_\_\_\_ What? \_\_\_\_\_

What has your pet eaten this morning? \_\_\_\_\_

Are there any other problems your pet might have that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To effectively diagnose and treat many problems, radiographs, blood tests and other procedures may need to be done. We will notify you before undertaking these tasks as to their need and cost. In the event of a life-threatening condition, we will make every attempt to stabilize your pet and then notify you as soon as possible as to the extent of the problem. Please make sure you have a phone number where you can be reached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number Where You will be Today