



Drop-Off Authorization

Patient's Name _____

Date _____

Owner / Contact Name _____

Phone Number _____

Secondary Contact Name _____

Phone Number _____

Availability Today _____

Please read and answer all questions as thoroughly as possible and sign the authorization on the back.

Primary Reason for Visit (Please describe in detail why your pet is coming in today (preventative care, illness, or injury) and what signs your pet is experiencing (how long signs have been present, are they improving, worsening, staying the same, any history of this issue, any home therapies that have been attempted, etc.)

CATS ONLY ☐ Indoor Only ☐ Indoor + Outdoor ☐ Outdoor Only

Blankets / Bedding Is it okay for your pet to have blankets or bedding in their kennel? ☐ Yes ☐ No

Diet (Brand, Exact Variety / Flavor) **Example – Purina Pro Plan Sensitive Skin and Stomach Salmon & Rice – 1 cup twice daily**

How much fed per meal _____ **How often** _____

Treats _____

Is your pet okay to have treats while here today? ☐ Yes ☐ No

Do you, or anyone in your household, have a peanut allergy? ☐ Yes ☐ No *We sometimes use peanut butter as a treat*

Table Food _____

Flea/Tick Prevention (Brand / Last Dose) _____

Heartworm Prevention (Brand / Last Dose) _____

Medications/Supplements (Please list all medications and supplements, strength, how much is given, how it is given, how often, last dose, etc.)

Name of Medication	Strength	Amount Given	Last Dose
EX) Medication	25mg tabs	1 tab by mouth every 12 hours	This morning 7 am

Lethargy (more tired / less energy than normal) ☐ Yes ☐ No ☐ Unknown

Details _____

Water intake ☐ Decreased ☐ Increased ☐ Unchanged ☐ Unknown

Details _____

Appetite ☐ Decreased ☐ Increased ☐ Unchanged ☐ Unknown

Details _____

Vomiting ☐ Yes ☐ No ☐ Unknown

If yes, when did it start, how often, what color & consistency?

Could your pet have eaten something they should not have like blanket, toys, towels, etc. ☐ Yes ☐ No

Details _____

Urination ☐ Decreased ☐ Increased ☐ Unchanged ☐ Unknown

Details _____

Diarrhea ☐ Yes ☐ No ☐ Unknown

If yes, please specify when it started, how often, what color & consistency, any blood or mucus

GI Irritants (Any access to foods other than its normal pet food i.e., new variety of food, new treats, bones, table food, etc.)

☐ Yes ☐ No ☐ Unknown

If yes, please specify _____

Toxins (Any access to toxins like gums, grapes, plants, human medications, etc.) ☐ Yes ☐ No ☐ Unknown

If yes, please specify _____

Allergies / Sensitivities ☐ Yes ☐ No ☐ Unknown

If yes, please specify _____

Coughing / Gagging / Sneezing (Is your pet coughing and/or gagging) ☐ Yes ☐ No

Is there anything being produced? ☐ Yes ☐ No

If yes, please describe material _____

Eye / Nasal Discharge Is your pet experiencing any eye or nasal discharge? ☐ Yes ☐ No

If yes, please describe color, duration, etc. _____

Lameness / Injury Is your pet lame, sore, and/or injured ☐ Yes ☐ No

If yes, please specify where the injury is, how it occurred, and when it started.

What, if any, home treatments or therapies have been provided?

Since symptoms started, they have ☐ Worsened ☐ Remained the same ☐ Improved

I am the owner/agent for the described animal. I request and authorize an exam for my pet along with any approved diagnostics and treatments. If recommended for my pet, I understand and accept that when anesthesia and/or sedation is involved there are always inherent risks, including death. I understand payment is due when my pet is discharged. I accept financial responsibility for charges incurred for this pet.

Signature: _____ **Date:** _____