

ANIMAL DROP OFF FORM

Owner's Name: _____ Pet's Name: _____

If CVH is not your regular veterinarian, who is your regular veterinarian? _____

Phone #: _____

Date of last vaccine for: Rabies _____ Distemper _____ Lyme _____ Bordetella _____ FeLV (cats) _____ I don't know

Please describe the current problem with your pet:

How long has this been going on? _____

Please rate your pet's pain level (circle one): (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Extreme Pain)

How has your pet been eating? (circle one) Normal Increased Decreased

What kind of food and how much? _____

How has your pet been drinking? (circle one) Normal Increased Decreased

Has there been any vomiting? No Yes—how long? _____

Has there been any diarrhea? No Yes—how long? _____

Have you noticed any blood or black, tarry material? No Yes

How would you characterize your pet's urination? (circle one)

Normal Increased Decreased Painful Straining Not Urinating

Is your pet on any medications or supplements? No Yes--please list: _____

Does your pet have any chronic health issues? No Yes-- please list: _____

Has your pet gotten in to anything abnormal recently (garbage, dead animal, over-the-counter or prescription medications, rat/mouse poison, antifreeze, chocolate, grapes, raisins, onions, garlic, etc.)? No Yes—please list: _____

If so, how much was eaten and how long ago? _____

What amount of money can be spent on diagnostics, treatments, etc. without further consent?

_____ \$0-250 _____ \$250-500 _____ \$500-750 _____ \$750-1000 _____ Unlimited _____ Other (_____)

Following my pet's examination, please call me at this phone number: _____

In the case you cannot be reached by phone, how would you like us to proceed in the case of a life-threatening emergency situation?

_____ Please DO NOTHING until I am reached.

_____ Please PERFORM LIFE-SAVING procedures but nothing else until I am reached.

_____ Please USE PROFESSIONAL JUDGEMENT and proceed accordingly.

Signature of Pet Owner: _____ Date: _____

NOTES: