

## Towne South Animal Hospital

### DROP OFF FORM

The information requested below is the only way we can be certain we understand the things you want us to do for your pet. It is extremely important for you to be as specific as possible. If we need additional information, we will contact you at the number you give us today. Thank you.

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

If phone number and address on medical record is not correct/current - please list any changes:

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_ Is your pet sick? Yes \_\_\_ No \_\_\_

Major Complaint: \_\_\_\_\_ When: \_\_\_\_\_

Has pet been treated for same condition recently? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Current Diet: \_\_\_\_\_ Number feedings per day: \_\_\_\_\_ Given table scraps? \_\_\_\_\_

Diet supplement given: \_\_\_\_\_ Is pet on Heartworm preventive: Yes \_\_\_ No \_\_\_

**History:**

- Any injury or accident in the past 30 days? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Any surgery in the past 30 days? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Allergic to any medication? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Currently on any medications? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Appetite normal? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Vomiting? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Diarrhea? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Listless? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Drinking more or less water than usual? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Weakness? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Coughing? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Sneezing? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Gagging? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Urinating more or less than usual? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Scratching? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Shaking head? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Limping? Which leg? \_\_\_\_\_ Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Scotching? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- History of seizures? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Unusual lumps or bumps? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Bad breath? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Weight loss or gain? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Unusual discharge? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Behavioral changes? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
- Is pet spayed / neutered? Yes \_\_\_ No \_\_\_
- Did pet eat this morning? Yes \_\_\_ No \_\_\_
- Anything else we need to know? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

**Vaccinations:**

\_\_\_ **Do All Needed**

Dogs:

- \_\_\_ Distemper+Parvo
- \_\_\_ Corona Virus
- \_\_\_ Bordetella Bronchitis
- \_\_\_ Rabies
- \_\_\_ \_\_\_\_\_

Cats:

- \_\_\_ Distemper
- \_\_\_ Leukemia
- \_\_\_ FIP
- \_\_\_ Rabies
- \_\_\_ FIV
- \_\_\_ \_\_\_\_\_

**Test and Services**

- \_\_\_ Physical Exam
- \_\_\_ Internal Parasite Exam
- \_\_\_ Deworm, if needed
- \_\_\_ Feline Leukemia Test
- \_\_\_ Heartworm Test
- \_\_\_ Bath
- \_\_\_ Dentistry
- \_\_\_ Surgery
- \_\_\_ Other: \_\_\_\_\_

**Some pets require sedation for adequate physical exam, treatment, surgery or dentistry.**

May we sedate your pet if necessary? Yes \_\_\_ No \_\_\_ Call first \_\_\_\_\_

If you have given us permission to sedate your pet, would you like for us to screen your pet for any pre-existing condition with an EKG and Blood work before we sedate? EKG and Blood Work \_\_\_\_\_

EKG Only \_\_\_ Blood Work Only \_\_\_ No to both \_\_\_

After examination by the Doctor, may we proceed with test and/or treatment? Yes \_\_\_ No \_\_\_ Call first \_\_\_\_\_

**OWNER RELEASE:** You are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within five (5) days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.