



Drop Off Information Sheet

Client Name _____ Spouse _____

Home Phone (____) ____-____ Spouse Cell Phone (____) ____-____

Cell Phone (____) ____-____ Other Phone (____) ____-____

Pet Name _____ Dog Cat Other _____ Breed _____

Age _____ Sex _____ Spayed/Neutered? Yes No

How is your pet's energy level?

Higher than normal Normal Less than normal

How is your pet's appetite?

Higher than normal Normal Less than normal

When did your pet last eat?

<2 hours 2-6 hours 7-12 hours 13-24 hours > 24 hours

How is your pet's drinking level?

Higher than normal Normal Less than normal

Is your pet:

Indoor Outdoor Both

Are vaccinations current? Yes No

Any difficulty breathing? Yes No

Does your pet have any current medical conditions we should be aware of? Please list _____

Currently taking any medications? Yes No If so, what? _____

Seizures? Yes No If so, how many, and for how long? _____

Coughing? Yes No If so, for how long? _____

Sneezing? Yes No If so, is there any discharge? _____

Vomiting? Yes No If yes, for how long? _____ What? (blood, bile, foam, undigested food)

Diarrhea? _____ If yes, for how long? _____ Is it black? Any blood or mucus?

Urinating normally? Yes No Is urine discolored or contain any blood? _____

PLEASE CONTINUE FORM ON THE FOLLOWING PAGE



Why did you bring your pet today? Be as detailed as possible. (How long, how much, when did it start, etc.) _____

Any progression, is it getting worse? _____

The cost of the comprehensive exam is \$52.50

Please choose from the options below as to how you would like us to handle treatment of your pet:

- Examine animal and call before doing further treatment.
- Please call me if the treatment of my animal will be more than \$_____.
If left blank we will call if the cost will be more than \$100 **not including the exam fee.**
- I give permission to take x-rays, if needed, at an additional fee.
- I give permission for sedation or anesthesia, if needed, at an additional fee. (I understand that there are always risks involved when using sedatives and/or anesthesia or performing surgery on an animal.)
- Other _____

Scheduled appointments and surgery have priority over drop offs unless it is an emergency. I understand that my pet will be examined and treated as soon as a doctor is available.

I agree to pay in full for services performed. The fees are due and payable at the time of discharge. Failure to pay for and claim your pet at the time of discharge may constitute abandonment at which time the pet becomes property of Mount Rose Animal Hospital. You will still be legally responsible for costs incurred, including boarding fees.

Client signature _____ Date _____