

## Sick/Injured Patient Drop-Off/Treatment Form

We have arranged for your pet to be dropped off at our hospital today to allow us to examine and provide services as soon as possible. Please read and answer the questions below as it applies to your pet. Please be complete and as detailed as possible to help us provide the best and most accurate care to your pet.

Today's Date: Click here to enter text.	Owner Name: Click here to enter text.
Patient Name: Click here to enter text.	Contact number: Click here to enter text.
Species: Click here to enter text.	Sex: Click here to enter text.
Age/birthdate: Click here to enter text.	Spayed/Neutered? :      Yes <input type="checkbox"/> No <input type="checkbox"/>

**What are we seeing your pet for today?** Click here to enter text.

**When did these symptoms start?** Click here to enter text.

**Are these symptoms:**

**Getting worse**       **Improving**       **Staying consistent**

**Has your pet had an increase or decrease in any of the following:**

*(Please circle one)*

**Drinking**                       Increased                       Decreased  No Change

**Appetite**                       Increased                       Decreased  No Change

**Weight**                       Increased                       Decreased  No Change

**Activity Level**  Increased                       Decreased                       No Change

**Any of the following issues not listed previously that you may have noticed:**

**Blood in urine** YES  / NO

**Blood in stool** YES  / NO

**Sneezing** YES  / NO

**Coughing** YES  / NO

**Difficulty Breathing** YES  / NO

**Vomiting** YES  / NO

**Diarrhea** YES  / NO

**Urinary accidents** YES  / NO

**Limping/pain** YES  / NO

**Difficulty urinating** YES  / NO

**Difficulty defecating** YES  / NO

**Itching/chewing** YES  / NO

**Eye/Ears** YES  / NO

**Lethargic** YES  / NO

Did you feed your pet within the last 24 hours? YES  / NO

When did your pet last eat a meal? YES  / NO

**New Clients Only:**

Is your pet current on vaccinations? YES  / NO

Is your pet on any medications or supplements? YES  / NO

If so, what medications? Click here to enter text.

Is your pet on heartworm prevention? YES  / NO  If so, what brand? Click here to enter text.

Is your pet on flea/tick prevention? YES / NO If so, what brand? Click here to enter text.

Does your pet have a chronic medical condition we need to be aware of? YES  / NO

If so, what condition Click here to enter text.

Does your pet have any known allergy to any medication/vaccines? YES  / NO   
If so, what medication/vaccine? Click here to enter text.

What is your pet's regular diet/brand of food? Click here to enter text.

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Any other issues you would like us to address? YES  / NO

Explain if yes: Click here to enter text.

***Please read and initial ONE of the following:***

I authorize services per estimate given and approve charges up to an additional  
 \$250       \$500

Please call me with a revised estimate before performing any additional procedures not outlined in the estimate given.

I understand that if I cannot be reached regarding any additional recommendations outside of selected authorized charges, my pet will receive NO treatments until I can be reached, except in the case of an emergency, other than those outlined on the original estimate.

***Please read and initial the following:***

I hereby give my consent to Happy Tails Veterinary Center to perform an exam and treatment(s).

Electronic Signature of Owner/Agent Click here to enter text. Date Click here to enter text.

Best Number to Contact Today Click here to enter text. Name of Contact Click here to enter text.

Alternate Phone No. 1) Click here to enter text. 2) Click here to enter text.