

## Sandhill Pet Clinic

### Patient Drop-off Form

The information requested will inform us of specific services you want us to provide for your pet. This way we can be certain that we understand what your pet needs, and will best satisfy your expectations. If you are unable to show proof of Rabies, we will vaccinate your pet for the safety of our staff as well as your animal. If we need additional information, we **MUST** be able to reach you at the number you give us today.

Client's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Weight today: \_\_\_\_\_

Major complaint: \_\_\_\_\_

---

Please describe any other issues: \_\_\_\_\_

When did you first notice these symptoms? \_\_\_\_\_

Current diet: \_\_\_\_\_ Did your pet eat this morning? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

Is your dog on heartworm preventative?  Yes  No Brand: \_\_\_\_\_

Is your pet on flea and tick preventative?  Yes  No Brand: \_\_\_\_\_

**If your pet has fleas, we will administer an appropriate flea treatment.**

Is your cat  inside only  outside only  both Do you have other cats?  Yes  No

#### **If deemed medically necessary by the Veterinarian, I authorize the following:**

Diagnostic Bloodwork  Yes  No

Urinalysis  Yes  No

Radiographs (X-rays)  Yes  No

Sedation  Yes  No

**Please Note:** *If your pet cannot be handled without sedation, we will be unable to complete the physical exam without authorization to sedate. Sedation is used only when necessary for the safety and well-being of your pet and the staff.*

#### **Have you noticed your pet having any of the following problems? Please check all that apply?**

- Straining to Urinate
- Increase in Urination
- Diarrhea
- Constipation
- Scooting
- Vomiting
- Decreased appetite
- Difficulty eating/drinking

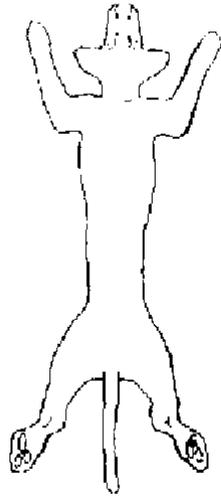
- Watery eyes
- Change in behavior
- Lethargy
- Increased thirst/water intake
- Limping-specify leg \_\_\_\_\_
- Painful-specify area \_\_\_\_\_
- Itching
- Hair loss

- Weight loss
- Weight gain
- Coughing
- Panting
- Gagging
- Sneezing
- Shaking Head
- Nasal Discharge

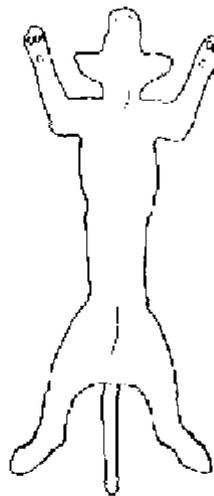
(Please flip page)

Lumps or bumps (please draw where the bumps are on your pet)

Left **TOPSIDE** Right



Right **UNDERSIDE** Left



**Would you like any other services done today?**

Canine Vaccines

- |   |  |
|---|--|
| <input type="checkbox"/> Rabies                     | <input type="checkbox"/> Lepto 4-Way           |
| <input type="checkbox"/> DA2PV (distemper combo)    | <input type="checkbox"/> Canine Influenza H3N2 |
| <input type="checkbox"/> Kennel Cough/Parainfluenza | <input type="checkbox"/> 4DX Heartworm Test    |
| <input type="checkbox"/> Lyme                       |  |

Feline Vaccines

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Rabies | <input type="checkbox"/> FeIV (feline leukemia)   |
| <input type="checkbox"/> FVR-CP | <input type="checkbox"/> Feline Leukemia/FIV test |

Other

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Nail Trim    | <input type="checkbox"/> Express anal glands |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Fecal Floatation    |

If you have not heard from us, please call us around 4 pm to check on the status of your pet's exam. Drop-off exams are worked in during the day, between scheduled appointments or when the veterinarian is available. If we have a question regarding your pet's treatment or need authorization to perform a test, and cannot reach you, we will wait until you call us to finish your pet's exam and treatment.

In cases of examinations where there is an immediate threat to the well-being of your pet and we are unable to contact you, our veterinarians will take the necessary steps to stabilize your pet and/or alleviate pain until we are able to contact you.

**Please note that payments are due at the time of service.** By signing below, you agree to the above terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Initials \_\_\_\_\_