



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(s): _____

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 ~\$125-\$270 []Yes []No

Urinalysis \$60-\$80 if collected via cystocentesis []Yes []No

Radiographs (X-rays) \$60-\$70 per x-ray []Yes []No

Sedation Cost varies due to patient weight []Yes []No

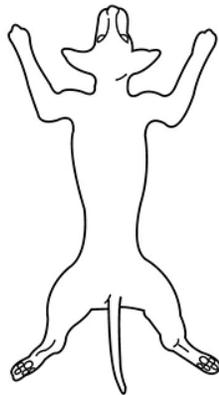
**I authorize any diagnostic testing
up to \$_____.
Call before exceeding the above
amount.**

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.

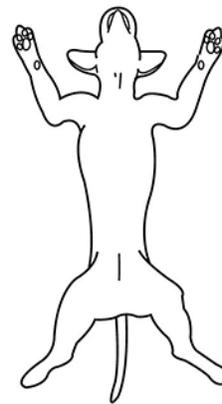
Have you noticed your pet having any of the following problems? Please circle all that apply.

- | | | |
|---|-------------------------------|-----------------|
| Straining to Urinate | Watery eyes | Weight loss |
| Increase in Urination | Change in behavior | Weight gain |
| Diarrhea | Lethargy | Coughing |
| Constipation | Increased thirst/water intake | Panting |
| Limping-specify leg _____ | Gagging | Scotting |
| Painful-specify area _____ | Sneezing | Vomiting |
| Decreased appetite | Itching | Shaking Head |
| Difficulty eating/drinking | Hair loss | Nasal Discharge |
| Left 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? Please circle all that are wanted.

Canine Vaccines

- | | | | |
|----------------------------|-------------|-------------------------|---------------------------|
| Rabies | Lepto 4-Way | DA2PV (distemper combo) | Canine Bivalent Influenza |
| Kennel Cough/Parainfluenza | | 4DX Heartworm Test | Lyme |

Feline Vaccines

- | | | | |
|--------|------------------------|--------|--------------------------|
| Rabies | FelV (feline leukemia) | FVR-CP | Feline Leukemia/FIV test |
|--------|------------------------|--------|--------------------------|

Other

- | | | | |
|-----------|---------------------|--------------|------------------|
| Nail Trim | Express anal glands | Ear Cleaning | 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: _____