

Patient Drop Off & Additional Services Sheet

Thank you for dropping off your pet with us today! The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Today's Date: ____/____/____

Your name _____ Pet name _____

We will need to be able to contact you or someone with permission to make medical and financial decisions.

Who will we be speaking with? Me or Name _____

1st phone _____ 2nd phone _____

Reason for visit (check all that apply)

<input type="checkbox"/> Preventive Care	<input type="checkbox"/> Weight Management / Nutritional Questions
<input type="checkbox"/> Comprehensive Exam	<input type="checkbox"/> Other surgical procedure _____
<input type="checkbox"/> Dental Prophylaxis	<input type="checkbox"/> Illness _____
<input type="checkbox"/> Spay or Neuter	<input type="checkbox"/> Injury _____
<input type="checkbox"/> Behavioral Questions	_____

Are there any concerns for: (check all that apply)

<input type="checkbox"/> Eating	<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Car Sickness	<input type="checkbox"/> Behavioral Problem
<input type="checkbox"/> Drinking	<input type="checkbox"/> Itching/Scratching	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Difficulty Rising	<input type="checkbox"/> Diarrhea	_____
<input type="checkbox"/> Excessive Sleeping	<input type="checkbox"/> Scooting	<input type="checkbox"/> Skin Masses/Lesions	_____
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Urination Issues	_____

Additional comments on reason for visit and concerns: _____

When did your pet last eat? _____ am pm Today or Yesterday

Has your pet ever had an adverse reaction to any medications? No Yes

If so, describe _____

Has your pet ever had an adverse reaction to vaccines or any procedure? No Yes

If so, describe _____

Is your pet ever in pain after vaccines or other procedures? No Yes

If so, describe _____

Is your pet taking any medication(s)? No Yes

If so, describe _____

Pick up time _____ am pm

Any refills needed? _____ No Yes

Additional Services for Your Pet's Care & Safety

Please indicate if you would like your pet to receive the following services: <i>Additional charges will apply</i>	YES	NO
<p>Pre-med Prior to Vaccinations: We take steps to minimize the chance of an allergic reaction to vaccines. While the chances of a reaction are low, there is always a risk for your pet to react even if they have had no prior history or symptoms of a vaccine reaction. Ask us about your pet's risk level. We may recommend a Diphenhydramine injection prior to vaccination to minimize the chance of reaction, or after a vaccine reaction to lessen its severity if they do react. Post vaccination pain medications are also available. Other medications or treatments may be needed if your pet has a vaccine reaction.</p>		
<p>Heartworm Prevention: Does your pet need a refill on heartworm prevention today? Heartworm disease is caused by long slender worms that can reach up to 12 inches in length and live in the heart and adjoining vessels of infected pets. These parasites are transmitted by mosquitoes and are capable of causing substantial damage to the heart and lungs before the pet shows any sign of the disease. <i>(For dogs, a heartworm test must be performed before prevention may be administered)</i></p>		
<p>Flea and Tick Prevention*: Does your pet need a refill on flea and/or tick prevention? Fleas and ticks can carry many diseases and cause discomfort to pets and people. We carry a complete line of products. Ask us about which product is best suited for you and your pet.</p>		
<p>Microchip: 1 in 3 pets will get lost during their lifetime. Without identification, 90% of them are never found. This radio transmitter technology helps identify your pet and can increase the chance you will be reunited if your pet is found. <i>(Doctor discretion with very young or small pets)</i></p>		
<p>Pedicure: Long nails can lead to discomfort for you and your pet as well as lead to damage of your home or property. While they are receiving care from us today we would be happy to trim your pet's nails for you. An additional charge also applies if restraint or sedation is required.</p>		
<p>Anal Gland Expression: Has your pet been licking, chewing or scooting their backside? These glands may be blocked and need to be manually emptied by a member of our medical team.</p>		
<p>Skin and Dental Care Products: Our dermatology products can help address your pet's skin care needs from medicated shampoos and conditioners to ear cleaners.</p> <p>Shampoo _____ Conditioner _____ Ear Cleaner _____ Dental Care _____.</p>		
<p>Information for all pets visiting our hospital; please read and initial:</p>	Initial	
<p>*A flea control product will be administered to pets with live fleas. This makes your pet more comfortable and protects our hospital from possible flea infestation. When given, a charge will appear on your statement.</p>		
<p>If your pet is receiving anesthesia today; please read and initial:</p>	Initial	
<p>Preanesthetic Blood panel: This is performed for every patient and is included in the estimate for every general anesthetic procedure. Some abnormal results may warrant additional testing and your medical team will contact you to discuss additional evaluation. In some instances, the anesthetic procedure may be postponed or cancelled.</p>		
<p>Pain Management: Pre-and postoperative pain medications are given as needed to every anesthetic patient. If determined to be medically indicated, pain medication to go home for your pet may also be recommended and additional charges will apply.</p>		
<p>Critical Intervention: While your pet is under anesthesia, critical intervention may be needed to maintain normal heart rate, blood pressure and oxygen levels. In those situations, client permission for critical intervention may not be immediately obtained and, additional charges may apply.</p>		