

Madison Park Veterinary Hospital Drop Off Form

Client Name: _____ Pets Name: _____

Phone Number where you can be reached today: _____

Emergency Contact name and number: _____

Are you the:

Owner Son/daughter Friend Legal Guardian other

Please check all that apply:

| | | | |
|---|---------------------------------------|--|---|
| Straining to urinate <input type="checkbox"/> | Watery eyes <input type="checkbox"/> | Constipation <input type="checkbox"/> | Weakness <input type="checkbox"/> |
| Diarrhea <input type="checkbox"/> | Shaking head <input type="checkbox"/> | Decrease in water intake <input type="checkbox"/> | Gagging <input type="checkbox"/> |
| Weight Loss <input type="checkbox"/> | Lethargic <input type="checkbox"/> | Increase in water intake <input type="checkbox"/> | Scotting <input type="checkbox"/> |
| Weight Gain <input type="checkbox"/> | Depressed <input type="checkbox"/> | Increase in appetite <input type="checkbox"/> | Difficulty Breathing <input type="checkbox"/> |
| Frequent urination <input type="checkbox"/> | Scratching <input type="checkbox"/> | Decrease in appetite <input type="checkbox"/> | Odor <input type="checkbox"/> |
| Coughing <input type="checkbox"/> | Restlessness <input type="checkbox"/> | Vomiting <input type="checkbox"/> | |
| Seizures <input type="checkbox"/> | Panting <input type="checkbox"/> | Discharge <input type="checkbox"/> Where? _____ Color? _____ | |
| Limping <input type="checkbox"/> | Hair Loss <input type="checkbox"/> | Change in Behavior <input type="checkbox"/> How? _____ | |
| Pain <input type="checkbox"/> Where? _____ | | | |
| Growths <input type="checkbox"/> Where? _____ | | | |

Please describe in further detail any symptoms marked above, include location:

How long has your pet had these symptoms?

Is your pet on any medication or dietary supplements? YES or NO. If so, please list the medication below and why.

What type, brand and approximate amount of food are you currently feeding?

Canned: _____

Dry: _____

People food: _____

What has your pet eaten in the last 48 hours?

I authorize Madison Park Veterinary Hospital to perform the following before notifying me:

Physical Exam Blood work Urinalysis Update Vaccines Fecal sample X-rays

Other Treatments _____

I authorize anesthesia, if needed

Please call me after the exam and before any other treatments are performed (YOU MUST BE REACHABLE)

I authorize a maximum expenditure of \$ _____ before the veterinarian consults with me.

Authorized Signature: _____ **Date:** _____

FOR TECH APPOINTMENTS: Please be aware that there will be a day boarding fee for pets who are dropped off for more than 3 hours.

FOR EXAMS: Please note that once the doctor has examined your pet someone will contact you.

There is a \$25.00 minimum charge for dropping off your pet.