

Hudson Animal Hospital

DROP OFF SHEET

Client: _____ Pet: _____

We have arranged for you to leave your pet here, to allow Dr. Ogles to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

Everything was okay with my pet until: _____

Since then: _____

My pet is lethargic: _____

Water intake has: a) decreased _____, b) increased _____, c) unchanged _____

My pet is has not eaten since: _____

My pet started vomiting: _____

What color? _____

What substance? _____

My pet last vomited: _____

My pet's stool is: _____

Has your pet had access to foods other than recommended pet food? _____

Has your pet eaten any toys or other objects? If so, when?: _____

My pet is limping: _____

I think his/her _____ is bothering him/her.

This started _____. It has worsened _____ or, improved some _____

This has recently happened, or is a long time (chronic) problem _____

There is a lump/bump on my pet located: _____

It has been there _____ and is painful or not painful _____

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Treatment Release Form

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Dr. Ogles will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges.

If I cannot be reached at the provided number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: _____ Date: _____

Primary Contact Number: _____

Secondary Contact Number: _____