

Hudson Animal Hospital

Drop Off Form

Client: _____ Pet: _____ Date: ____/____/____
Phone: (____)____-____ Alternate Phone: (____)____-____

My main concern is: _____.
Has your pet been treated before for the same complaint? Yes or No
Length of illness or changes in pre-existing conditions: _____.

Primary problems/symptoms (Please check all that apply):

<input type="checkbox"/> Lethargy/Weakness	<input type="checkbox"/> Coughing/Sneezing	<input type="checkbox"/> Changes in drinking
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Breathing problems	<input type="checkbox"/> Changes in appetite
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ears Itching	<input type="checkbox"/> Changes in urination
<input type="checkbox"/> Constipation	<input type="checkbox"/> Scratching/Skin changes	<input type="checkbox"/> Mass, Lump, or Tumor
<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Limping - which leg? _____	<input type="checkbox"/> Other: _____

Please explain any problems/symptoms above (include duration, location, description, etc.):

Pet's current medications (including heartworm and flea/tick): _____
Have medications been given today? Yes or No If yes, please list: _____
Allergic to any vaccinations or medications: _____

Current Diet: _____ How much? _____ How often? _____
Does your pet get table scraps? Yes or No Food Allergies? Yes or No - If yes, please list: _____
Did your pet eat this morning? Yes or No Regular diet or other? _____
Appetite: (Circle one) Normal Increased Decreased Other: _____

To promote the diagnosis of your pet, please authorize or decline the following:

Authorization for blood work if needed: Yes No Call before
Authorization for radiographs if needed: Yes No Call before
Authorization for sedation if needed: Yes No Call before

As determined by the veterinarian, some pets require sedation/general anesthesia for an adequate physical exam, treatment, or surgery. Our clinic uses the safest protocol for you pets. By answering 'YES' you understand that there is a risk involved when you sedate any animal.

Please call the office (2) hours after you drop off to check on the status of your pet and in case we have not been able to get in touch with you as needed.

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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 the doctors and staff 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: _____