

# Drop off consultation information

Please provide us with information about your pet



We recommend veterinary care that results in a personal face-to-face relationship between our veterinarians, clients and pets, however, we realise that emergencies and busy days do not always leave time for some of the “need to do things” that we never seem to get done. With this in mind we offer our drop-off service. Please take a few moments to define clearly what problems you would like us to address while your pet is here. It is critical for us to know as much of the history of the problem as you can recall. It is also very important that you let us know how you can be reached during the day. Our veterinarian will examine your pet as soon as time allows and will call you afterwards.

Owner's Name: ..... Pet's Name: .....

Contact Person: ..... Pick up time: .....

Phone number(s): .....

Main reason for today's drop off: .....

Have any new symptoms arisen since we last saw your pet? (please check):-

Lethargic (lack of energy)	<input type="checkbox"/>	Limping	<input type="checkbox"/>	Lumps/bumps	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	Appetite changes	<input type="checkbox"/>	Itching	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	Weight loss/gain	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	Toileting changes	<input type="checkbox"/>		<input type="checkbox"/>

Other: .....

How long has your pet been exhibiting these symptoms? How often? If additional space is necessary, please use the back of this page.

.....  
.....  
.....

Is the problem getting better or worse? .....

Is Your Pet:    Inside Only    Inside/Outside    Outside Only (please circle)

Is your pet currently on any medications, if so please describe? .....

If yes, please give name and time last administered: .....

What do you feed your pet? .....

You will be charged our normal consultation fee. To effectively diagnose and treat many medical problems, x-rays, blood tests and other diagnostic procedures may be necessary. Please indicate below the expense range (in addition to the consultation fee) you authorize for the diagnosis and treatment of your pet without calling first.

\$0-100    \$100 – 200    Up to \$ \_\_\_\_\_    I wish to be called to discuss further treatment

*Flea Treatment Policy: All animals found to have an existing flea population will be treated with an appropriate flea product.*

Your signature: ..... Date: .....