



Hopewell Animal Hospital Drop Off Form



Wt= _____

PLEASE FILL OUT THIS FORM COMPETELY BEFORE RETURNING BACK TO THE STAFF

Pets Name: _____ **Last Name:** _____

Best Phone Number to reach you today: (_____) _____ --- _____

Why are we examining your pet today?

(Please check all that applies below)

Limping _____ if so which leg/paw... Front Left ___ Rear Left ___ Front Right ___ Rear Right

Ear Infection _____ if so is it... Left Ear ___ Right Ear ___ Both ___

Vomiting _____ if so is it... Undigested Food ___ Stomach Bile ___ Pieces of Indoor/Outdoor Items ___

Lethargic/Loss of Energy/Weak _____

Diarrhea _____ if so what is consistency... Loose ___ Watery ___ Blood Seen ___ Mucus Seen ___

Skin Allergies _____ if so what location is the affected area(s) _____

Growth Found _____ if so where is the location _____

Wound Found _____ if so where is the location _____

Urinary Issues _____ if so are we... Urinating indoors ___ Asking to go out more ___ Strong odor ___
Blood Seen ___ Has not urinated within the past 24-48 hours ___ Seems painful to urinate ___

Vaccines _____ If so does your pet(s) go to boarding, grooming, dog parks, stay outside a lot? ___ yes ___ no

For Staff to check off- K9 Vaccines- Rabies ___ Distemper/Parvo ___ Bordetella ___ Influenza ___ Lyme ___

For staff to check off- Feline Vaccines- Rabies ___ FVRCP ___ Leukemia ___

Behavioral Changes _____ (example; excessive drinking, excessive panting, hiding) if so please explain

When did the symptom(s) start? If multiple symptoms which started 1st then 2nd

Please FLIP OVER FOR ADDITIONAL INSTRUCTIONS AND SIGNATURE

What is the actual **name/brand** of the **food** you feed at home? _____

Do you give any bones/treats/human food at home? ____yes ____no if yes please write below

If deemed necessary by the veterinarian, do you authorize the following:

Check yes or decline on the lines provided

Bloodwork ____yes ____decline

Urinalysis ____yes ____decline

Fecal ____yes ____decline

X-Rays ____yes ____decline

Cytology ____yes ____decline (looking at specimen under the microscope to find cells/organisms)

Shave any hair that is medically needed ____yes ____decline

Give Any Injections ____yes ____decline

Comfortable giving medications at home? Or if applicable have us do long-acting medication/treatment while here ____yes ____decline

Were any **medications given at home within the past 24-48 hours?** If so please name them and when given _____

Would you like any additional technician procedures while here?

Nail Trim____ Anal Gland Expression_____

Any Medication Refills ____ if so please list them with the quantity

_____ # _____

_____ # _____

_____ # _____

I have fully read, acknowledge and understand this form, I have filled it out to the best of my knowledge and understand I am responsible for financial responsibility. I, as the owner acknowledge that medical procedures were done and that I will follow the veterinarian's instructions provided with any home after care and any medications.

I give Hopewell Animal Hospital attending veterinarian and Hopewell team members permission to do what I have marked on this form.

Signature: _____ **Date:** _____