

DROP-OFF EXAM

GENERAL

OWNER _____

PET _____

DATE _____

PROBLEM—DESCRIBE IN DETAIL SEQUENCE OF EVENTS: _____

HOW LONG HAS YOUR PET HAD THIS PROBLEM? _____

HAVE ANY MEDICATIONS BEEN GIVEN? _____ IF SO, WHAT? _____

WHEN WAS IT LAST GIVEN? _____

WHAT RESPONSE HAS YOUR PET HAD TO THE MEDICATION? _____

IF YOUR PET APPEARS TO BE SERIOUSLY ILL, DIAGNOSTIC TESTS (BLOOD PROFILE, RADIOGRAPHS, ULTRASOUND, ETC.) MAY BE NECESSARY BEFORE TREATMENT CAN BE STARTED. IF YOU WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS ARE PERFORMED, PLEASE BE AVAILABLE FOR A PHONE CALL, SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT.

_____ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT TO BE STARTED.

_____ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS OR TREATMENT.

_____ I AUTHORIZE UP TO \$_____, BUT ABOVE THAT, I WANT A CALL FIRST.

SIGNATURE _____ PHONE NUMBER TO REACH YOU TODAY _____