

Weight:	
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Drop Off Care Sheet:

Owner Name: \_\_\_\_\_ Dropped off by: \_\_\_\_\_ Patient Name: \_\_\_\_\_

BEST Contact Numbers: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Reason for drop off: \_\_\_\_\_

What are the signs of illness? \_\_\_\_\_

When did the signs of illness start? \_\_\_\_\_

Are they better/same/worse since you first noticed? \_\_\_\_\_

How is your pet's eating? Normal / Increased / Decreased

Elaborate if needed: \_\_\_\_\_

How is your pet's drinking? Normal / Increased / Decreased

Elaborate if needed: \_\_\_\_\_

Any vomiting? Yes / No When did it start? \_\_\_\_\_ How frequent has it been? \_\_\_\_\_

Diarrhea? Yes / No When did it start? \_\_\_\_\_ How frequent has it been? \_\_\_\_\_

What medications is your pet currently taking or have you given in the past 7 days? (OTC, Prescription, Homeopathic, or other?) \_\_\_\_\_

Does your pet have any medical conditions we need to be aware of that were not previously seen or diagnosed here?  
\_\_\_\_\_

Is your pet current (to your knowledge, if not done here) on vaccines, annual heartworm test, and prevention? YES / NO

Has your pet visited another vet within the past year? YES / NO

Do we have permission to obtain records? YES / NO Other veterinary clinic/hospital: \_\_\_\_\_

Other comments or concerns? \_\_\_\_\_

To provide the best care possible for your pet, we may need to perform diagnostic blood work, administer fluids, take x-rays, or administer drugs. We will only do these procedures if we feel it is absolutely necessary for diagnostic purposes or the comfort of your pet. Since the cost of these services can quickly escalate and we want to partner with you to provide the best medical care, we give clients the option to put a maximum dollar amount on their pet's care. If we meet this limit but more care is needed, the doctor or technician attending to your pet will contact you to discuss the options.

Maximum dollar amount NOT TO EXCEED before further consultation: \$ \_\_\_\_\_

I understand that no further treatments will be given without my express authorization except in life threatening occurrence. Initials: \_\_\_\_\_

It is our desire to keep you fully informed about your pet's status, therefore; it is very helpful that you be available by telephone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment is expected when services are rendered.

In an effort to keep costs down, we cannot bill. Thank you for understanding.