



## Patient Drop Off History Form

Date \_\_\_\_\_

Owner name \_\_\_\_\_ Pet's name \_\_\_\_\_

Who will make medical/ financial decisions? (name) \_\_\_\_\_

1<sup>st</sup> choice phone number \_\_\_\_\_

2<sup>nd</sup> choice phone number \_\_\_\_\_

Reason for visit: \_\_\_\_\_

If the doctor approves, would you like us to update your pets vaccines? Yes / No

If the doctor approves, would you like us to perform routine yearly testing? Yes / No

Are there any other services that you would like done while your pet is here today?

\_\_\_\_\_ Anal gland expression (\$24.95)      \_\_\_\_\_ Nail trim (\$14.95)      \_\_\_\_\_ Microchip (\$45.00)

\_\_\_\_\_ Nail trim with Dremel (\$30.95)

Has your pet ever had an adverse reaction to any vaccines or any procedure? Yes / No

What diet is your pet eating? \_\_\_\_\_

What heartworm preventative is your pet on? \_\_\_\_\_

What flea/tick preventative is your pet on? \_\_\_\_\_

Do you need a refill on any of your preventative medications? Yes / No

Have you noticed any changes or do you have any concerns about any of the following in your pet?

\_\_\_\_ Eating more / less      \_\_\_\_ Drinking more / less      \_\_\_\_ Bad breath

\_\_\_\_ Weight gain / loss      \_\_\_\_ Urinating more / less      \_\_\_\_ Vomiting

\_\_\_\_ Diarrhea      \_\_\_\_ Itching / Scratching      \_\_\_\_ Difficulty rising

\_\_\_\_ Scooting rear      \_\_\_\_ Shaking head      \_\_\_\_ Masses

\_\_\_\_ Hair loss      \_\_\_\_ Limping      \_\_\_\_ Other

**\*\* Payment is expected at the time services are rendered\*\***

We accept cash, check, Visa, MasterCard, American Express, Discover, and Care Credit

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of My Pet's Vet to administer such treatment as is necessary and perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred and agree to pay all such charges up to \$\_\_\_\_\_ or unlimited, at the time of release.

If charges will exceed the authorized amount, My Pet's Vet will make our best effort to contact you for authorization of additional services. If we are unable to reach you, we will not be able to provide additional services.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_