



Date: _____

Patient Drop Off History Form

Owner: _____ Pet: _____

Who will make medical/ financial decisions? (name): _____

Primary Phone: _____ Secondary Phone: _____

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?

_____ Nail trim (\$18.65) _____ Nail trim with Dremel (\$33.39)

_____ Anal gland expression (\$27.45) _____ Microchip (\$49.50)

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 _____ Diarrhea

_____ Weight gain / loss _____ Urinating more / less _____ Vomiting _____ Hair Loss

_____ Itching / Scratching _____ Difficulty rising _____ Scooting rear _____ Masses

_____ Shaking head _____ 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 _____