

PATIENT DROP-OFF INFORMATION

"Thank you for visiting us today"

Dove Creek Animal Hospital
dovecreekanimalhospital.com

Today's Date ___/___/___
Last Name _____ First name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home Ph _____ Work _____ Cell _____
Additional Contact name _____ Home _____ Cell _____
Authorized to treat Pet ___ Yes ___ No Initial here: _____

IMPORTANT HEALTH INFORMATION

Pet's name _____

Why did you bring in your Pet today? (Please be as detailed as possible describing **symptoms**)

_____ (Use back if necessary)

When did symptoms or illness FIRST appear? _____

Do you have/know any other Pet's with similar symptoms? ___ No ___ Yes

Who? _____

Has your Pet been seen by other DVMs for this problem? ___ No ___ Yes _____

How is your Pet's energy level? _____ higher than normal _____ lower _____ no change

Is there any change in your Pet's water consumption? _____ More _____ less _____ no change

Are there any new or strange odors from your Pet? ___ no ___ yes-->Where? _____

Does your Pet have any trouble breathing? ___ No ___ Yes -->When? _____

Does your Pet scratch excessively? ___ No ___ Yes. Locations? _____

Does your Pet show any behavioral or neurologic symptoms? ___ no ___ yes. (Describe above or on back)

Is your Pet taking any medication? _____ No _____ Yes. If yes, name and dose _____

Do you need any medication refills, including flea/tick or heartworm meds? ___ No ___ Yes If yes please list here--> _____

NOTE: ALL HOSPITAL CHARGES ARE DUE UPON DISCHARGE .

Method of payment today: (please check one) Cash ___ Check ___ Credit/Debit ___
Please call me before treatment if my fee exceeds \$ _____ (if left blank we will call over \$100)

Authorization To Provide Care:

I am the owner or authorized agent of the owner of the pet named above. I hereby authorize and direct the veterinarians or associates of Dove Creek Animal Hospital to perform any/all procedures, diagnostics and treatments for my pet. I authorize Dove Creek Animal Hospital to obtain all medical records regarding my pet from any/all other hospitals where my pet has been treated or examined and to release all medical records regarding my pet to any other hospital. I fully understand there is a risk of complication(s) of any medical procedure, surgery or anesthesia including the possibility of death. The nature and risks of such complications have been, or will be explained to me, or I will see that they are explained to me and any questions I may have will be answered before I will leave my pet for any treatment. I understand that the staff of Dove Creek Animal Hospital may not be present in the hospital overnight and that any portion of my visit may be video recorded for training purposes. I understand that there is no guarantee, nor can one be made as to results of any therapy. If I neglect to pickup my pet within 7 days of the date above, Dove Creek is to assume that my pet has been abandoned and is authorized to make other arrangements as Dove Creek Animal Hospital deems necessary. I agree, to pay, in full, for services rendered. I understand that payment is due and expected on the day service is rendered. If for any reason payment is not made at the time services are rendered or within ten (10) days thereafter, I understand that my account may be referred to a collection agency. In such event that my account is referred to a collection agency, I agree that Dove Creek may add an amount to my outstanding account balance to reimburse Dove Creek Animal Hospital for any reasonable collection charge (but not including attorneys fees) imposed by the collection agency. In the event of an emergency, or as determined by the veterinarian, it may become necessary to take my pet outside the hospital. I authorize Dove Creek to walk or transport my pet outside the hospital. I understand that Dove Creek will exercise every reasonable precaution to ensure the safety of my Pet while in their care.

Endorsement _____ Your Phone number today _____