



Date: _____

Chart Number: _____

Drop Off Appointment Form

Client Name: _____ Patient Name: _____

Primary Phone Number: _____ Cell Home Work

Secondary Phone Number: _____ Cell Home Work

Please complete both pages

What are we seeing your pet for today? Please select one

- Annual Exam Vaccinations
- Sick Pet Exam Other

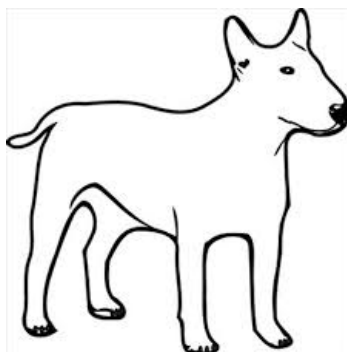
Do you have any concerns for the veterinarian to address today? _____

Primary Complaints: Check all that apply

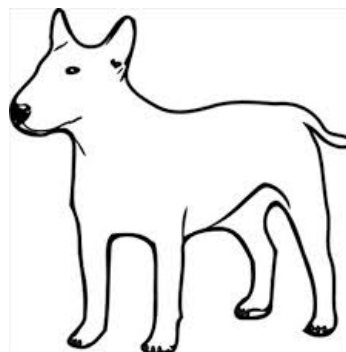
- ___ Vomiting
- ___ Blood in urine
- ___ Inappropriate Urination
- ___ Itching
- ___ Painful
- ___ Blood in stool
- ___ Difficulty urinating
- ___ Diarrhea
- ___ Coughing
- ___ Sneezing
- ___ Lethargic
- ___ Hair loss
- ___ Anorexia
- ___ Growth/lump
- ___ Ears
- ___ Eyes
- ___ Difficulty Breathing
- ___ Lameness/Limping
- Other: _____

Additional information: _____

If your pet has any unusual lumps/bumps/wounds etc that you would like the doctor to address today, please note the location of each on the diagrams below:



Right Side



Left Side

Technician/Veterinarian Initials: _____



Date: _____

Chart Number: _____

Drop Off Appointment Form

All pets:

Was your pet fed today? ____ Yes ____ No

If your pet was fed, what time? _____

What food does your pet usually eat? _____ canned/dry/both

Is your pet current on vaccinations? ____ Yes ____ No

If vaccines have been done at a different location, when and where? _____

Is your pet on flea/tick prevention? ____ Yes ____ No What kind? _____

Is your pet on heartworm prevention? ____ Yes ____ No What kind? _____

Does your pet have any medical conditions? _____

Is your pet on any medications/supplements? _____

Cats:

Is your cat ____ indoor only ____ outdoor only ____ Indoor/outdoor

Has your cat been tested for Feline Leukemia/FIV? ____ Yes ____ No

FIV +/- FeLV +/-

Please read and initial ONE of the following:

Smithville Animal hospital will call both the primary and secondary numbers provided prior to deviating from the provided estimate as soon as possible. If you are unable to be reached, your below selection will apply.

____ I authorize testing and treatment per the estimate given and place no limit on additional charge/services deemed necessary by the veterinarian.

____ I authorize testing and treatment per estimate given and approve charges up to an additional \$ _____

____ I do not authorize any additional testing or treatments aside from those outlined on the provided estimate. I understand that if I cannot be reached then my pet will receive NO additional treatments except in the case of an emergency.

Your signature below acknowledges that you have read this document, completed it to the best of your knowledge and give consent for Smithville Animal Hospital to examine and treat your pet.

Owner/Agent Signature _____

Owner/Agent Printed Name _____

Date _____

Technician/Veterinarian Initials: _____