

Perky Paws Pet Hospital
Drop-Off Form

Client: _____

Patient: _____

To ensure the best care possible, please take the time to fill in this form completely. Thank you.

Pet's Condition

Please give a brief description of why your pet is here today. _____

Date that symptoms first started _____

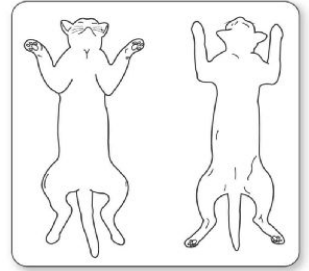
Y__N__ Did your pet eat anything this morning?

Y__N__ Is your pet allergic to any medications?

Y__N__ Has your pet had a history of seizures or previous medical problems?

Y__N__ Is your pet on any medications?

Y__N__ Is your pet on heartworm prevention?



Treatment

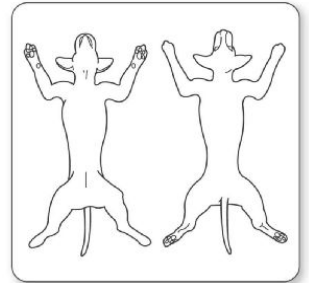
Please indicate services requested for your pet: _____

Y__N__ Should we contact you prior to treating your pet?

Y__N__ May we sedate or anesthetize your pet if necessary?

Y__N__ May we x-ray your pet if necessary?

Y__N__ May we perform bloodwork if necessary?



Contact Information

Phone number where you may be reached today _____

Y__N__ If we are unable to contact you, may we proceed with treatment?

Authorization

I hereby authorize the Veterinarians of Perky Paws Pet Hospital to examine, prescribe for, or treat your pet. I assume responsibility for all charges incurred in the care of your pet. I understand that these charges must be paid at the time of release and that a deposit may be required.

Signature of Owner/Agent _____ **Date** _____