

Patient drop off information

In order for your pet to receive the most accurate diagnosis and treatment, your veterinarian would like the most complete history possible. Please answer all questions to the best of your knowledge.

Client Name: _____

Date _____

Patient Name: _____

Contact phone for today _____

The main complaint for today is _____

When did the symptoms begin? _____

Are you aware of a specific probable cause for today's condition? (Example: Eating something bad, physical trauma, or chronic conditions etc.) No Yes If Yes, please explain:

Please list current medications your pet is taking:

Is your pet eating? No, not at all Less than normal Yes, normally More than normal.

If different from normal, for how long? _____

Is your pet drinking water? No, not at all Less than normal Yes, normally More than normal.

If different from normal, for how long? _____

Is your pet vomiting? No Yes

If yes, how frequently? _____ And when did it first start? _____

Is your pet having normal bowel movements?

Yes No, Diarrhea No, firm and hard. Outside of litter box I don't know

If other than normal, please explain _____

When did it start? _____ Any blood seen? No Yes Straining

Is your pet having normal Urine production? No, not at all Less than normal Yes, normally

More than normal Accidental Straining Bloody I don't know

Activity Level: Normal Slightly less than normal Significantly less than normal more than normal

Blood work/fecal exam: Is it okay if we run blood work or a fecal exam if needed to help diagnose your pet? Yes

No Call first after exam Okay to run diagnostic tests if less than \$ _____.

Please list any additional questions or comments for the Veterinarian:

Consent/Anesthesia Release:

I elect to leave my pet in your care for treatment, including surgery. We will use all reasonable precautions against injury, escape, or death of your pet. I understand that all anesthesia involves some minimal risk to my pet, but Kapaa Animal Clinic will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. Also, if I fail to retrieve my pet when it is ready for release after reasonable efforts by Kapaa Animal Clinic to notify me that the pet's treatment has been concluded, I hereby specifically consent to the surrender of the ownership and possession of my pet to Kapaa Animal Clinic.

Signature of owner/agent _____