

Brawley Animal Hospital

Drop Off Appointment Form

Owner's name and information:

Owner's Name: _____ Pet's Name:

Best contact phone for the

day: _____

Can this number receive texts? YES ____ NO ____

Email:

What does your pet normally eat and how much daily:

Please list all medications, supplements, and heartworm and flea and tick preventative your pet is currently taking:

Do you need
refills? _____

—

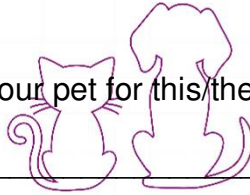
Please describe what your pet is presenting for:

What is your concern today?

How long has it been going on?

Has it gotten better or worse?

Have you attempted to medicate your pet for this/these issues? Yes or no.
If yes, with what?



Is this a recurring issue for your pet? YES or NO

If yes to above question, when was the last time your pet had this issue?

Have you noted any of the symptoms listed? (please note duration, frequency, and other details):

Coughing []. Sneezing []

Duration: _____

Is there discharge? YES or NO

If yes is it: CLEAR or YELLOW/GREEN

Vomiting []

How many times since it started and how long has it be going on?

Food only [] Bile only [] Food & Bile []

Last time vomited: _____

Diarrhea []

How many times since it started and how long has it been going on?

Blood in stool []

Changes in Urination []

If checked: Increased frequency [] Decreased frequency []

Seeing blood in the urine [] Accidents in house [] Accidents when sleeping []

Changes in Eating/Drinking []

Increased Eating/Drinking [] Describe:

Decreased Eating/Drinking []

How much is this decreased:

Last time pet ate a normal meal:

Last time pet ate anything:

What are you currently feeding:

Change in Activity level:

Describe: _____

Other symptoms or
concerns: _____

Optional Services:

Please select any of the below you wish to be performed on your pet during their stay with us (if the Dr. approves based on the exam):

_____ **Nail Trim (\$20)**
(\$19)

_____ **Anal Glands (\$22)**

_____ **Ear Cleaning**

PICK UP:

There is no set pick up time for drop-off appointments. Please plan for pick up at 5pm on regular working days. If we are done sooner, we will call you to pick up at an earlier time. If your pet is not picked up by closing time an additional overnight boarding fee will be applied.

I agree (initial): _____

Authorization to Treat:

I here by authorize the attending veterinarian to examine and treat my pet. I accept full responsibility for ALL FEES AND CHARGES incurred in the work up and treatment of my pet. I understand there may be unforeseen complications with treatments. Brawley Animal Hospital's vet and staff will do their best to diagnose and successfully treat my pet but I understand that not one single test may/will be able to diagnose my pet, as well as that the success of treatment cannot be guaranteed. Brawley Animal Hospital will call to approve if any additional testing beyond what is presented on the estimate I have signed.

I agree (initial): _____

Signature: _____

Date: _____

