

Staff Sign-In: Tech - _____

DEARBORN ANIMAL HOSPITAL

Patient Drop-off form

Client's Name: _____ Pet's Name: _____
Address: _____ Species: _____
_____ Breed: _____
Phone: _____ D.O.B.: _____
Emergency Contact Number: _____ Sex: Male Female Fixed? Yes No

I request Dearborn Animal Hospital to examine my pet and to provide the following services:

FOR MY DOG:

<i>VACCINES</i>	<i>DIAGNOSTICS</i>	<i>TREATMENT</i>
<input type="checkbox"/> DHPP (Distemper/Parvo): 1 year (<input type="checkbox"/>) 3 year (<input type="checkbox"/>)	<input type="checkbox"/> Heartworm test (required yearly)	<input type="checkbox"/> Express anal glands
<input type="checkbox"/> Rabies: 1 year (<input type="checkbox"/>) 3 year (<input type="checkbox"/>)	<input type="checkbox"/> Fecal (intestinal parasites)	<input type="checkbox"/> Deworm
<input type="checkbox"/> Bordatella (kennel cough)	<input type="checkbox"/> Labwork: _____	<input type="checkbox"/> Clean ears
	<input type="checkbox"/> X-Rays: _____	<input type="checkbox"/> Toenail trim
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Refills: _____
		<input type="checkbox"/> Other: _____

FOR MY CAT:

<i>VACCINES</i>	<i>DIAGNOSTICS</i>	<i>TREATMENT</i>
<input type="checkbox"/> Rabies: 1 year (<input type="checkbox"/>) 3 year (<input type="checkbox"/>)	<input type="checkbox"/> Feline Leukemia/FIV test	<input type="checkbox"/> Clean ears
<input type="checkbox"/> FCVRCF (feline distemper): 1 year (<input type="checkbox"/>) 3 year (<input type="checkbox"/>)	<input type="checkbox"/> Fecal (intestinal parasites)	<input type="checkbox"/> Deworm
<input type="checkbox"/> FeLV (feline leukemia)	<input type="checkbox"/> Labwork: _____	<input type="checkbox"/> Toenail trim
	<input type="checkbox"/> X-Rays: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Refills: _____
		<input type="checkbox"/> Other: _____

PLEASE NOTE: *If your pet is not currently up to date on vaccines, we will booster the basic, required vaccines. For DOGS we require at least Rabies and DHPP vaccines. For CATS we require at least Rabies and FVRCP vaccines. If you pet has fleas, we will administer an appropriate flea treatment.*

ENVIRONMENT: Please indicate whether your pet lives: Inside only Both inside and outside

Is your Pet current on Heartworm Preventative? (Dogs Only) Yes No

If so, what Brand? _____

Is your Pet current on Flea Preventative? Yes No

If so, what Brand? _____

Have you noticed your pet having any of the following problems? Please check all that apply.

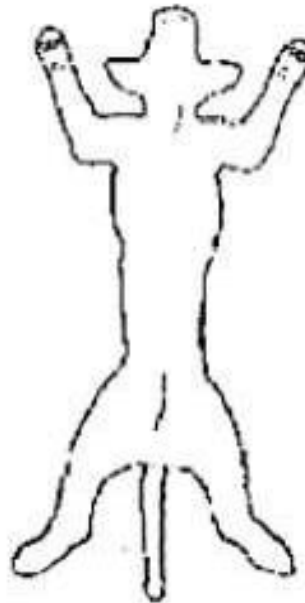
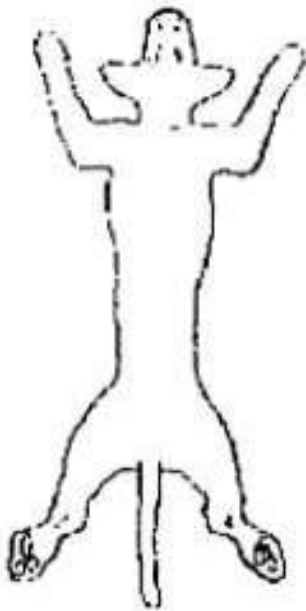
<input type="checkbox"/> Straining to urinate	<input type="checkbox"/> Watery eyes	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Weakness	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Constipation	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Coughing
<input type="checkbox"/> Scooting	<input type="checkbox"/> Increased thirst/water intake	<input type="checkbox"/> Limping
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Panting	<input type="checkbox"/> Hair loss
<input type="checkbox"/> Decreased appetite	<input type="checkbox"/> Gagging	<input type="checkbox"/> Pain
<input type="checkbox"/> Difficulty eating/drinking	<input type="checkbox"/> Itching	<input type="checkbox"/> Change in Behavior
<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Shaking head

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Lumps or Bumps (please draw where the bumps are on your pet)

Left TOPSIDE Right

Right UNDERSIDE Left



Please describe any other issues: _____

When did you first notice these symptoms? _____

Is your pet on any medications? No Yes If yes, please list and provide dosage and administration.

If deemed medically necessary by the Veterinarian, I authorize the following:

Diagnostic Bloodwork Yes No

Urinalysis Yes No

Radiographs (X-Rays) Yes No

Sedation Yes No

Please Note: *If your pet cannot be handled without sedation, we will be unable to complete the physical exam without authorization to sedate. Sedation is used only when necessary for the safety and well-being of your pet and the staff.*

Please call us around 3pm to check on the status of your pet's exam – drop-off exams are worked in during the day, after work-ins who wait to see the Veterinarian. If we have a question regarding your pet's treatment or need authorization to perform a test, and cannot reach you, we will wait until you call us to finish your pet's exam and treatment. In cases of examinations where there is an immediate threat to the well-being of your pet and we are unable to contact you, our Veterinarians will take the necessary steps to stabilize your pet and alleviate pain until we are able to contact you.

Please note that payment is expected at the time of service. Unless otherwise directed, the veterinarian will take any and all appropriate actions he or she deems necessary for the health of your pet, including administering medications and vaccines. By signing below, you agree to the above terms and conditions.

Signature: _____ Date: _____/_____/_____

For the safety & health of all our patients, all dogs staying overnight at DAH must have proof of a negative fecal test within the past 6 months or a new fecal test will be conducted at drop off (\$27) to prevent the spread of contagious diseases.