

# DROP-OFF RELEASE

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Address, Phone or Employment Corrections?  Yes  No Changes are: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

My pet is being dropped off for the following reason/treatment: \_\_\_\_\_

Duration of the problem: \_\_\_\_\_

Location of the problem: \_\_\_\_\_

Is your pet currently on medication?  Yes  No

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Last Given: \_\_\_\_\_

## History

**Yes** **No**

Did your pet eat this morning?

Was food offered?

May we sedate/anesthetize your pet if necessary?

Has your pet had any reaction to medications?

Has your pet had any reaction to vaccines?

Has your pet had any reaction to anesthesia?

Weakness? How long? \_\_\_\_\_

Coughing? How long? \_\_\_\_\_

Gagging? How long? \_\_\_\_\_

Scratching? How long? \_\_\_\_\_

Shaking Head? How long? \_\_\_\_\_

Scooting? How long? \_\_\_\_\_

Seizures? How long? \_\_\_\_\_

Urinating more or less than usual?

How long? \_\_\_\_\_

Drinking more or less than usual?

How long? \_\_\_\_\_

Limping? Which leg? \_\_\_\_\_

How long? \_\_\_\_\_

Weight loss or gain? \_\_\_\_\_

Unusual lumps or bumps? \_\_\_\_\_

Has your pet shown any sign of the following:

Vomiting? How long? \_\_\_\_\_

Diarrhea? How long? \_\_\_\_\_

Lethargic? How long? \_\_\_\_\_

No Appetite? How long? \_\_\_\_\_

## CONSENT:

In the event of an emergency or if further diagnostics are needed, we will make our best effort to reach you. However, should we be unable to reach you, please choose and initial one of the following choices:

I **DO** authorize additional treatment without my consent.

Up to \$ \_\_\_\_\_

Do whatever is needed

I **DO NOT** authorize additional treatment of ANY kind without my consent.

I understand that, if I decline additional treatment, Highland Park Animal Hospital cannot legally continue diagnostics or treatment other than that described above or already approved on consent form. If I do not select either option, Highland Park Animal Hospital cannot legally continue diagnostics or treatment other than that described above. If I authorized additional treatment, I understand that I am fully responsible for any charges occurred for the diagnostics of my pet and agree to pay in full at the time the services are rendered.

How may we reach you today? \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

*Highland Park*



*Animal Hospital*