

Jefferson Veterinary Hospital

DROP-OFF FORM

We understand that it is sometimes necessary for us to examine your pet when you are not present. To help facilitate this process, please complete the following before your arrival.

Name: _____ Pet's Name: _____

Phone Number: (____) _____ Alternate: (____) _____

If we cannot reach you by phone, it may hinder our ability to treat your pet.

Please check this box if you are not available by phone, and give the doctor permission to treat as he/she deems appropriate.



Reason for examination: _____

How long has your pet experienced this problem? _____

What specific symptoms have you been seeing?

- | | | | |
|--|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Not Eating | <input type="checkbox"/> Not Drinking |
| <input type="checkbox"/> Losing Weight | <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Less Active |
| <input type="checkbox"/> Other | | | |

Is your pet on any medications, either prescribed or over-the-counter? Please list:

Any other comments or concerns you would like addressed?

If the doctor would like to run tests to assist in diagnosis, do we have permission?

- | | | |
|---|--|---|
| Bloodwork <input type="checkbox"/> Yes <input type="checkbox"/> No | Xray <input type="checkbox"/> Yes <input type="checkbox"/> No | Vaccinations <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Urinalysis <input type="checkbox"/> Yes <input type="checkbox"/> No | Fecal <input type="checkbox"/> Yes <input type="checkbox"/> No | IV Fluids <input type="checkbox"/> Yes <input type="checkbox"/> No |

If my pet requires hospitalization and/or overnight stay, I understand there is no one here in the hospital overnight. I have the option to transfer my pet to VSES for overnight care at my cost. INITIALS _____

Signature: _____

Date: _____