

**San Dimas Animal Hospital
314 N. San Dimas Animal Hospital
San Dimas, CA 91773**

Drop Off Exam Form

The information requested below is the only way we can be certain we understand the things you want us to do for your pet. It is extremely important for you to be as specific as possible. If we need additional information, we will contact you at the number you give us today. Thank you.

Patient Name: _____ Breed: _____ Sex: _____ Birth Date: _____

Client Name: _____ Telephone #'s: 1) _____
2) _____

Major Complaint: _____ When _____

Has Pet been treated for same condition? Yes _____ No _____ If yes, how long? _____

<u>Vaccinations:</u>		<u>History:</u>	
<p>Dogs:</p> <p>___ DHLPPC</p> <p>___ Bordetella</p> <p>___ Rabies</p> <p>___ Lyme</p> <p>___ Giardia</p>	<p>Cats:</p> <p>___ Distemper</p> <p>___ Leukemia</p> <p>___ FIP</p> <p>___ Rabies</p>	<p>Any injury or accident in the past 30 days? Yes ___ No ___ How long? ___</p> <p>Any surgery in the past 30 days? Yes ___ No ___ How long? ___</p> <p>Allergic reaction to any medication? Yes ___ No ___ How long? ___</p> <p>Currently on any medication? Yes ___ No ___ How long? ___</p> <p>Appetite Normal? Yes ___ No ___ How long? ___</p> <p>Vomiting? Yes ___ No ___ How long? ___</p> <p>Diarrhea? Yes ___ No ___ How long? ___</p> <p>Listless? Yes ___ No ___ How long? ___</p> <p>Drinking more or less water than usual? Yes ___ No ___ How long? ___</p> <p>Weakness? Yes ___ No ___ How long? ___</p> <p>Coughing? Yes ___ No ___ How long? ___</p> <p>Sneezing? Yes ___ No ___ How long? ___</p> <p>Choking? Yes ___ No ___ How long? ___</p> <p>Urinating more or less than usual? Yes ___ No ___ How long? ___</p> <p>Scratching? Yes ___ No ___ How long? ___</p> <p>Shaking head? Yes ___ No ___ How long? ___</p> <p>Limping? Which leg? _____ Yes ___ No ___ How long? ___</p> <p>Scotching? Yes ___ No ___ How long? ___</p> <p>History of seizures? Yes ___ No ___ How long? ___</p> <p>Unusual lumps or bumps? Yes ___ No ___ How long? ___</p> <p>Bad breath? Yes ___ No ___ How long? ___</p> <p>Weight loss or gain? Yes ___ No ___ How long? ___</p> <p>Unusual discharge? Yes ___ No ___ How long? ___</p> <p>Behavioral changes? Yes ___ No ___ How long? ___</p> <p>Is pet spayed / neutered? Yes ___ No ___ How long? ___</p> <p>Did pet eat this morning? Yes ___ No ___ How long? ___</p> <p>Anything else we need to know? Yes ___ No ___ What? _____</p>	
<u>Test and Services</u>			
<p>___ Physical Exam</p> <p>___ Fecal Test</p> <p>___ Deworm, If needed</p> <p>___ Feline Leukemia Test</p> <p>___ Heartworm Test</p> <p>___ Bath</p> <p>___ Surgery</p> <p>___ Other</p>			

Some pets require sedation for adequate physical exam, treatment, surgery or dentistry.
 May we sedate your pet if nessary? Yes ___ No ___ Call first ___
 If you have given us permission to sedate your pet, would you like us to screen your pet for any pre-existing condition and blood work before we sedate? Blood Work _____
 After examination by the doctor, may we proceed with test and/or treatment? Yes ___ No ___ Call first ___

OWNER RELEASE: You are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within five (5) days of the date below and do not notify you within the time frame you may ssume that the pet is abandond and hereby authorized to dispose of the pet as you deem best and/or necessary.

Owner:/Agent: _____ Date: _____