

San Dimas Animal Hospital

Drop Off Exam Consent Form

Client Name: _____

Patient Name: _____ Birth Date: _____

Address: _____

Major Complaint: _____

Start Date : _____ Has been treated for same condition ? YES/ NO If yes, when: _____

History:

Any injury or accident in the past 30 days?	Yes _____	No _____	How long? _____
Any surgery in the past 30 days?	Yes _____	No _____	How long? _____
Allergic reaction to any medication?	Yes _____	No _____	How long? _____
Currently on any medication?	Yes _____	No _____	How long? _____
Appetite Normal?	Yes _____	No _____	How long? _____
Vomiting?	Yes _____	No _____	How long? _____
Diarrhea?	Yes _____	No _____	How long? _____
Lethargic?	Yes _____	No _____	How long? _____
Drinking more or less water than usual?	Yes _____	No _____	How long? _____
Coughing, Sneezing, Chocking	Yes _____	No _____	How long? _____
Urinating more or less than usual?	Yes _____	No _____	How long? _____
Allergies?	Yes _____	No _____	How long? _____
Limping? Which leg? _____	Yes _____	No _____	How long? _____
History of seizures?	Yes _____	No _____	How long? _____
Unusual lumps or bumps?	Yes _____	No _____	How long? _____
Bad breath?	Yes _____	No _____	How long? _____
Weight loss or gain?	Yes _____	No _____	How long? _____
Behavioral changes?	Yes _____	No _____	How long? _____

After examination by the doctor, may we proceed with test and/or treatment?

YES _____ NO _____ CALL FIRST _____ () -

I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians of and I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

Veterinary Services during nighttime hours and/or weekends are not provided. Continuous presence of personnel is only provided during business hours. Business hours are as follows: Mon. – Fri. 7:30am – 6:00pm, Sat. 8:00am – 4:00pm and Sun. 10:00am – 2:00pm.

(Signature of legal owner or responsible person)

Date: _____

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____

If Patient is not picked up within 1 hour of given pick up time a \$25.00 day care fee will be applied.

Client Initials: _____