Western Veterinary Clinic

25190 State Road 2, South Bend, IN 46619 574-234-3098 **Date:** _____

Client Name: _____
Address: _____
_____
_____
Phone: _____

Patient Name: _____
Species: _____
Breed: _____
Color: _____

## Patient Drop Off Form

**Your Name** _____ **Home Phone Number** _____

**What is the best phone number to contact you today?** _____
**Updates via SMS text message?** (Standard carrier rates apply) Yes ❑ Cell Number: _____
**Are you the:** ❑ Owner ❑Son / Daughter ❑ Friend ❑ Legal Guardian ❑ Other _____
**Why are we seeing your pet today?** _____
_____

**Please check all of the symptoms that your pet has:**

❑ No problems are recognized at this time.

| | | | |
|---|---|---|---|
| ❑ Straining to urinate | ❑ Increase in water intake | ❑ Watery eyes | ❑ Shaking Head |
| ❑ Frequent urination | ❑ Decrease in water intake | ❑ Depressed | ❑ Lethargic |
| ❑ Constipated | ❑ Increase in appetite | ❑ Scratching | ❑ Weakness |
| ❑ Diarrhea | ❑ Decrease in appetite | ❑ Coughing | ❑ Restless |
| ❑ Vomiting | ❑ Weight loss | ❑ Panting | ❑ Seizures |
| ❑ Limping | ❑ Weight gain | ❑ Odor | ❑ Hair loss |

❑ Pain (where?) _____
❑ Growths (where?) _____
❑ Change in behavior (describe) _____
How long has your pet had these symptoms?_____

Is your pet on any medication? ❑ No ❑ Yes If yes, what medication and why? _____
_____

**What type, brand, and approximate amount of food are you currently feeding?**
❑ Canned _____ ❑ Dry _____
❑ Other (Human, etc…)_____
What has your pet eaten in the last 48 hours?_____

**I authorize Western Veterinary Clinic to perform the following (before notifying me):**
❑ Physical Exam (70-100) ❑ Bloodwork ($200-350) ❑ X-rays ($245+) ❑ Urinalysis ($67+) ❑ Ultrasound ($270+)
❑ Other treatment _____
❑ I authorize sedation if needed for my pet. (up to $200)
*** All Drop off patients will have an additional drop off fee.
******In the unfortunate event that your pet goes into sudden and unexpected cardiac arrest, do you want the Doctors and Staff at WVC to perform CPR on your pet? The additional costs for this may range from $200-600. Please indicate your choice below:***

_____ **YES –** I want CPR measures attempted on my pet. _____ **NO –** Do not resuscitate (DNR)

**I authorize a maximum expenditure of $ _____ before the veterinarian consults me.**

**Owner's Signature** _____ **Date** _____