MARIN PET HOSPITAL PATIENT DROP-OFF INFORMATION

Client Name:_____ **Contact Number(s):**

Pet Name: _____ _____

Date: _____ _____

We prefer to be able to talk to you in person about your pet, but understand that with hectic schedules a drop-off appointment may be necessary. Please fill out the following form to best help us help your pet. Your contact numbers above will be used if additional questions are required and/or to set up a go home time.

- What is the reason for this office visit? _____
- Any signs of coughing, sneezing, vomiting or diarrhea? **Yes** **No** (if yes please circle clinical sign)
  If yes, did your pet eat anything out of the ordinary or get into garbage? **Yes** **No**
  Had any exposure to other animals such as a dog park or kenneled recently? **Yes** **No**
- When did the symptom(s) begin?: _____
- Has your pet been eating and drinking normally? **Yes** **No**
- Has your pet eaten or drank today? **Yes** **No** If so what time?: _____
- Have you recently changed your pet's diet? **Yes** **No** If so, from what to what?: _____
  _____
- Is your pet currently on any medication(s)? **Yes** **No** If so, what medications?:_____
  _____
  When was the last time each medication was given? _____
- Does your pet have any allergies to medications?: **Yes** **No** What medication? _____
- If we are checking for lumps, please indicate how many: _____
  location(s)? _____
- Care for your pet today may include x-rays, blood work and/or anesthesia. Are there any services to which you object? **Yes** **No** if yes, to which service do you object _____

Would you like our office to contact you with an estimate before any treatment is started? **Yes** **No**

If we are unable to reach you, do we have your permission to continue treatment? **Yes** **No**

Up to what dollar amount? _____

All animals going home the same day must be picked up before closing. Our office is open M-F until 6pm and Saturday until 1:00. Thank you.

Please feel free to add any additional comments or concerns on the back of the page.