

DROP-OFF CONSENT FORM

Owner's Name _____

Pet's Name _____

Contact Phone Number _____

Reason for drop off _____

Has your pet had decreased or increased appetite? _____

-If so how long? _____

Have you noticed any diarrhea or vomiting? _____

-How frequent? _____

-How long has this been occurring? _____

-Did it contain any blood or mucus? _____

Have you noticed any change in your pet's intake of water? _____

-If so, how long? _____

Have you noticed any lethargy or lack of energy in your pet? _____

-How long? _____

-On a scale of 1 to 10 (1 being your pet's normal energy level and 10 being severe lethargy)
what would you rate your pet's energy level today? 1 2 3 4 5 6 7 8 9 10 _____

Please estimate the last time your pet moved his/her bowels. _____ days. _____ hours.

Have you noticed any increase or decrease in urination? _____

Would you allow the doctor to use x-rays to better diagnose your pet? _____

Would you allow a blood sample to be drawn and sent to the laboratory for your pet? _____

For Dogs- Is your pet currently on heartworm preventative? _____

For Cats- Has your cat ever been tested for Feline Leukemia or FIV? _____

Does your cat go outside? _____

Other procedures authorized: _____

I hereby grant All About Pets Animal Hospital permission to treat my pet for the above mentioned procedures. I also understand that if any other treatment is needed, I will be contacted at the number provided. I agree to pick up my pet before 5:30pm the same day or pay additional boarding fees.

Signature _____ Date _____

*Any pet found with fleas will be treated at owner's expense.