

Bastrop Veterinary Hospital

Drop Off Form

Please provide the following information so we can be certain that we understand your pet's needs, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name _____ Date _____
 Pet's Name _____

Phone number where you can be reached today _____
 Alternate Phone Number _____

Is your pet sick? Yes () No () Problem: _____
 Has pet been treated for same condition recently? Yes () No ()
 Medications: _____ Last Given: _____
 Current diet _____ How Much? _____
 Is the pet currently on Heartworm Prevention Yes () No () Type: _____
 Is the pet currently on Flea Prevention Yes () No () Type: _____

History:

Any injury or accident in the past 30 days? Yes () No ()
 What happened: _____
 Had surgery in the past 30 days? Yes () No ()
 What: _____
 Allergic to any medications or vaccines? Yes () No () What: _____
 Appetite normal? Yes () No () How Long? _____
 Vomiting? Yes () No () How Long? _____
 Diarrhea? Yes () No () How Long? _____
 Listless? Yes () No () How Long? _____
 Drinking more or less water than usual? Yes () No () How Long? _____
 Urinating more than usual? Yes () No () How Long? _____
 Coughing? Yes () No () How Long? _____
 Sneezing? Yes () No () How Long? _____
 Gagging? Yes () No () How Long? _____
 Scratching? Yes () No () Where: _____ How Long? _____
 Shaking head? Yes () No () How Long? _____
 Limping? Yes () No () Which Leg? _____ How Long? _____
 History of seizures? Yes () No () How Long? _____
 Unusual lumps or bumps? Yes () No () How Long? _____
 Location? _____
 Bad Breath? Yes () No () How Long? _____
 Weight Loss? Yes () No () How Long? _____
 Weight Gain? Yes () No () How Long? _____

Tests and Services Requested For Your Pet Today

Vaccinations and routine tests:

Dogs:	Cats:
Rabies []	Rabies []
Distemper/Parvo []	FVRCP (Upper Respiratory) []
Bordetella (Kennel Cough) []	Feline Leukemia []
Leptospirosis []	Feline Leukemia/FIV test Yes [] No []
Rattlesnake []	
Canine Flu []	
Heartworm test Yes [] No []	

Internal Parasite Exam Yes [] No []
Deworm (if needed) Yes [] No []
Anything Else we need to know? Yes [] No []

If yes, please explain: _____

Some pets require sedation for adequate physical exam and/or treatments.

May we sedate your pet if necessary? Yes [] No [] Call first []

After examination by the Doctor (\$48), may we proceed with tests and/or treatments?

Yes []

Yes, but do not exceed \$ _____ []

No, call first []

Comments: _____

Should unexpected life-saving emergency care be required and the veterinarian or staff members are unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay all fees incurred.

Yes [] Initials _____ No []

Consent for Treatment and/or Admission

I, the undersigned owner/agent of _____, consent to the examination of this pet by staff veterinarians at Bastrop Veterinary Hospital. I also agree that after a consultation with me, the hospital's doctor(s) may prescribe medications, treat, hospitalize, or sedate my pet. I understand that some risks exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before beginning the procedure.

I understand that an estimate of fees for all veterinary services can be provided to me and that I am encouraged to discuss all fees related to the care before services are rendered and during my pet's ongoing medical treatment. I understand that payment is due at the time of discharge. In some cases a deposit may be required.

Signature of Owner / Agent

Date