



## Drop-off Exam and Client Consent Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Primary Contact: Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

A complete physical examination will be given to your pet. To better meet your needs and to help your pet, please provide us with the following information.

Describe the current problem(s): please note severity, duration, character, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any significant previous medical problems: \_\_\_\_\_

List any medications your pet is currently taking (**dosage and frequency**): \_\_\_\_\_

History: (+ = increased, - = decreased, N = normal, 0 = none at all)

Appetite \_\_\_\_\_ Urination \_\_\_\_\_ Thirst \_\_\_\_\_ Itching \_\_\_\_\_ Activity Level \_\_\_\_\_

Coughing \_\_\_\_\_ Weight last 6 months \_\_\_\_\_ Lameness/Stiffness \_\_\_\_\_ Bad Breath \_\_\_\_\_

Sneezing \_\_\_\_\_ Vomiting \_\_\_\_\_ Defecation \_\_\_\_\_ Head shaking or painful ears \_\_\_\_\_

Fleas observed \_\_\_\_\_ Do you give any supplements? \_\_\_\_\_

Which of the following apply?

- Indoor only
- Indoor and outdoor
- Outdoor only

In using this drop-off form I realize that it is essential that I be available by phone (not voicemail) so that the doctor can best help my pet and me. If I am not available I understand that the DVM will proceed as directed below. **Initial** \_\_\_\_\_

- Do what DVM feels is necessary
- Do what DVM feels is necessary, not to exceed \$ \_\_\_\_\_

**To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of external and internal parasites. I hereby authorize Woodinville Animal Hospital to provide the vaccines and parasite control when needed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_