



PATIENT DROP OFF AND CONSENT FORM

Client Name: _____ Pet's Name: _____

- Why are we seeing your pet today? _____
- What food do you feed your pet? _____
- How much do you feed? _____
- Any change in **food** or **water** intake? Increased Decreased No Change
- Any change in your pet's **urination** or **defecation**? Yes No. If yes, what change have you noted and when did you first notice? _____

- Any change in your pet's activity level? _____
- Have you noticed any **Coughing** **Sneezing** **Vomiting** or **Diarrhea**? If yes, please explain and note when you first observed symptoms: _____
- Any **lumps** or **bumps** noted? _____ If yes, please describe location and how long it has been present: _____
- Is your pet **sensitive** or **allergic** to any medications/food/vaccines? Yes No; If yes, please explain _____
- Does your pet receive any **dental care** at home?(brush teeth, Greenies, water additives, etc). How often? _____
- What **medications** or **supplements** does your pet receive? (including heartworm preventative & flea/ tick prevention): _____

If presenting for **surgery** or a **dental**, was your pet fasted overnight and this morning?
 YES NO

Please indicate whether you would like us to:
 Call you when examination is complete for a treatment estimate -OR-
 Treat as necessary (for dentals, this may include radiographs, extractions, antibiotics, etc.)

- Please note, we will strive to keep charges in line with any estimate given, however, unforeseen situations may arise at which time we will inform you of additional charges. If we cannot reach you, and a procedure needs to be performed, it will be done and charges will appear on your bill. **Initials:** _____
- All pets admitted to the hospital are required to be current on all vaccinations, parasite checks and physical exams. All admitted pets must be free of external parasites. Animals with fleas or ticks present will be administered a preventative at the owner's expense. **Initials:** _____
- Pets that are hospitalized on an emergency basis will require a deposit for treatments based on an initial assessment. Extensive hospitalized stays may require keeping charges current prior to expected discharge. **Initials** _____
- All pets must be discharged by 5:15pm (11am on Saturday) to avoid a late discharge fee. **Initials:** _____

Procedure(s) to be performed:

Medical treatments, including anesthesia, are not without risks. We do all we can to ensure your pet receives the safest and most up-to-date medical care. However, unforeseen complications do occasionally arise during or after a procedure. In the event of a complication, the veterinarian will proceed with treatments deemed necessary in their professional judgment until you can be reached. Any costs associated with emergency treatments are incurred at the owner's expense. Your signature below authorizes the veterinarian to perform the procedures listed above and any emergency treatments that may become necessary. It also releases Fullwood Animal Hospital of any liability associated with the treatment of your pet.

Social Media Release:

I agree to allow Fullwood Animal Hospital to use my pet's name and photographs of my pet and/or myself for any lawful purpose, illustration, advertising, website, Facebook, Twitter, Instagram, YouTube or other media outlet. **Initial:** _____

Charges for all services must be paid in full at the time of discharge.

Client Signature: _____ Date: _____

Contact Number: _____ AlternateNumber: _____