

**Berkeley Lake Animal Hospital  
PET DROP OFF FORM**

**Please take a moment to fill out this VERY important form.**

- **WOULD YOU LIKE YOUR PET TO BE AVID CHIPPED TODAY YES or NO**  
Circle one
  
- 1. **What is the primary PROBLEM/CONCERN that you have about your pet today?**
  
  
  
  
  
  
  
  
  
  
- 2. **When SPECIFICALLY did you first notice the problem?**
  
  
  
  
  
  
  
  
  
  
- 3. **Is your pet on any medication now? If yes, please describe.**
  
  
  
  
  
  
  
  
  
  
- 4. **Does your pet currently have any chronic medical illnesses? If yes, please describe.**
  
  
  
  
  
  
  
  
  
  
- 5. **What major illness/surgery has your pet had in the past?**
  
  
  
  
  
  
  
  
  
  
- 6. **Is your pet eating and drinking normally? If not, when was their last meal and/or drink of water?**
  
  
  
  
  
  
  
  
  
  
- 7. **What brand of pet food do you feed your pet?**
  
  
  
  
  
  
  
  
  
  
- 8. **Is your pet having normal urination and bowel movements? If not, please describe.**

**PLEASE BE ASSURED THAT ONLY TESTS/TREATMENTS THAT ARE TRULY MEDICALLY NECESSARY TO PROPERLY DIAGNOSE AND TREAT YOUR FAMILY MEMBER WILL BE PERFORMED TODAY.**

9. If after the doctor examines your pet, she/he feels that certain diagnostic tests/treatments are necessary, do you give permission for (please initial by each test you agree to.)

**Initialing does not mean every test will be performed today!**

- Bloodwork \_\_\_\_\_
- Radiographs \_\_\_\_\_
- Fecal \_\_\_\_\_
- Fluids to rehydrate pet if dehydrated \_\_\_\_\_
- Bandages \_\_\_\_\_
- Needle aspirate of a mass \_\_\_\_\_
- Urinalysis \_\_\_\_\_
- Ear flushing \_\_\_\_\_

OTHER \_\_\_\_\_

**This is not meant to be an exhaustive list of all treatments or diagnostic tests. Again, only the tests that are truly necessary will be performed today! If after your pet's examination, it is deemed by the doctor that extensive treatment/testing needs to be done you will be called to discuss your pet's condition and you must sign a detailed estimate form.**

**WHAT PHONE NUMBER CAN THE DOCTOR REACH YOU AT TODAY?**

**WHEN AND WHERE WERE YOUR PET'S LAST VACCINES?**

If you are not currently a client of ours, and have been seen elsewhere, do you give us permission to act as your agent and have your pet's medical history faxed to us? \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND ON THIS FORM, or would like a written estimate before leaving your pet, PLEASE ASK US BEFORE... SIGNING THIS FORM.**

Please sign here \_\_\_\_\_

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

**We do not bill. Payment is due in full when you pick up your pet.**