DROP-OFF RELEASE

Owner's Name: ______________________

Pet's Name: ______________________

Date: ______________________

Any Address, Phone or Employment Corrections? ☐ Yes ☐ No

Changes are: ______________________

Email Address: ______________________

My pet is being dropped off for the following reason/treatment:

____

____

____

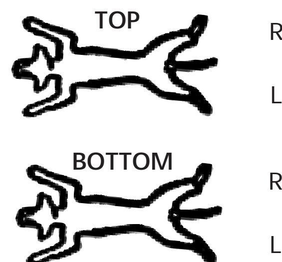
Duration of problem? ______________________

Location of problem? ______________________

Is your pet currently on any medication? ☐ Yes ☐ No

If yes, name of medication: ______________________

Dosage: ____________ Last given: ____________



YES	NO		YES	NO	
☐	☐	Did your pet eat this morning?	☐	☐	Has your pet had any reaction to medications?
☐	☐	Was food offered?	☐	☐	Has your pet had any reaction to vaccines?
☐	☐	May we sedate/anesthetize your pet if necessary?	☐	☐	Has your pet had any reaction to anesthesia?

HISTORY: (mark any that apply)

Has your pet shown any sign of the following?:

- ☐ Vomiting? How Long? ____________
- ☐ Diarrhea? How Long? ____________
- ☐ Listless? How Long? ____________
- ☐ No Appetite? How Long? ____________
- ☐ Weakness? How Long? ____________
- ☐ Coughing? How Long? ____________
- ☐ Gagging? How Long? ____________
- ☐ Scratching? How Long? ____________
- ☐ Shaking Head? How Long? ____________
- ☐ Scooting? How Long?
- ☐ Seizures? How Long? ____________
- ☐ Urinating more or less than usual? ____________ How Long? ____________
- ☐ Drinking more or less than usual? ____________ How Long? ____________
- ☐ Limping? Which Leg? ____________ How Long? ____________
- ☐ Weight Loss or Weight Gain? ____________
- ☐ Unusual Lumps or Bumps? ____________

CONSENT:

In the event of an emergency or if further diagnostics should be needed, we will make our best effort to reach you. However, should we be unable to reach you, please choose and initial one of the following choices:

☐ I **DO** authorize additional treatment without my consent.

- ☐ up to $ ____________
- ☐ do whatever is needed

☐ I **DO NOT** authorize additional treatment of ANY kind without my consent.

I understand that, if I decline additional treatment, Ingersoll Animal Hospital cannot legally continue diagnostics or treatment other than that described above or already approved in medical care plan form. If I do not select either option, Ingersoll Animal Hospital cannot legally continue diagnostics or treatment other than that described above.

How may we reach you today? ______________________

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Signature of Owner or Authorized Agent

10.09