

Sick Pet Drop-Off Form



Owner: _____ Patient: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

Primary Concern: _____

How long has this been going on? _____

Brand of food: _____ How much per day? _____ Appetite: _____

If this is a cat is it, *please circle one*: Strictly indoor Strictly outdoor Indoor and Outdoor

Vomiting? No Yes-describe _____

Diarrhea? No Yes-describe _____

Coughing? No Yes-describe _____

Sneezing? No Yes-describe _____

Increased thirst? No Yes-describe _____

Urination? Normal Abnormal-describe _____

Limping? No Yes-describe _____

Skin? Normal Abnormal-describe _____

Eyes? Normal Abnormal-describe _____

Ears? Normal Abnormal-describe _____

Has your pet been acting normal? Yes No-please describe _____

Current medications or supplements: none _____

Phone number(s) can you be reached at today? _____

Is there a strict dollar limit? **YES**, (no more than \$ _____) **NO**

Would you like an written or verbal estimate? **YES** **NO**

PLEASE READ THE FOLLOWING: I, owner or authorized agent of this patient, certify that I am eighteen years of age or over. I give the Veterinarians at North Star Animal Hospital permission to: Treat, Hospitalize, Anesthetize, Perform Surgery or Vaccinate. I understand there are risks with these procedures. Possible complications of these procedures include: infection, vaccine reactions, breakdown of the surgical incision and in rare cases death. I understand that the success of the procedures are dependent on many factors and a guarantee of a successful outcome is neither implied nor expressed. I am encouraged to discuss any concerns with the Veterinarian before the procedure is initiated. In the event that my pet is hospitalized and the veterinarian is unable to reach me, I understand it is my responsibility to call the hospital to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I understand that an estimate of the costs for veterinary services can be provided to me and I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for all fees accrued. _____initial

I understand if there is a life-threatening emergency, the Veterinarian may not have time to call before starting treatment. _____initial

I give authorization for emergency care: **YES**, _____initial. (I assume financial responsibility for all fees accrued) **NO**, _____initial

If I am UNREACHABLE and <animal> is suffering with a poor prognosis. I give my permission to proceed with euthanasia.

YES _____signature **NO** _____signature

Signature _____ Date _____

Office Use: Input into M C: _____ Weight: _____ Temp: _____ HR: _____ RR: _____ MM-CRT: _____
