

Canine DropOff Form

Client Name: _____

Account #: _____

Arrival Time: _____

Patient Name: _____

Age: _____

Today's Weight: _____

Routine Services (Please circle 'Y' to accept or 'N' to decline the service)

Vaccinations:

Y N Rabies

Y N DA2PP

Y N Lepto

Y N Bordetella

Y N Lyme

Diagnostic Tests:

Yes Physical Exam (Mandatory)

Y N Fecal Floatation – to look for intestinal parasites

Y N Heartworm/Tick Borne Disease Combination Test

Y N Blood screening profile: _____

Y N Senior blood work (CBC/Chem/ T4)

Y N Thyroid Test

Y N Urinalysis

Y N Radiographs

Additional Services:

Y N Microchip

Y N Nail trim

Y N Express Anal Glands

Y N Clean ears

Y N Flea/HWP

Y N Other

Medical History Questions (Please check all that apply)

Vomiting

Coughing

Check Growth/tumor

Diarrhea

Sneezing

Ate or Swallowed a Foreign Object

Blood in Stool

Urinating Frequently

Pain

Not Eating

Straining to urinate

Abnormal Behavior

Losing Weight

Blood in Urine

Bite Wound

Difficulty Breathing

Increased Drinking

Lameness/limping

Scratching Ears

Shaking head

Other (please specify)

Specify Complaint(s): (ex. Left leg pain; Growth on face; hiding; etc.)

Duration of Condition(s): (hours, days, weeks, etc.)

List any medications your pet has received in the last 24 hours:

Name of medication

Amount Given

Time Given

Consent for Treatment

As owner, or duly authorized agent of owner, I authorize CACC to proceed and accept full financial responsibility for all diagnostic tests and treatment included in the estimate for services and for any emergency services should they be necessary. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment and I am assuming all risk involved. If your pet is not current on tick/flea preventions and live parasites are found on or around them, we will administer a treatment. I agree that in the case of nonpayment, a fee of 1.5% per month will be charged. All collection and attorney fees necessary to collect this debt will be born to me.

Please Sign: _____

Date: _____