Patient Drop-Off Information

Thank you for dropping off your pet with us today! Please help us provide your pet with the best care possible by completing the following information:

Holland's Veterinary REFERRAL HOSPITAL

Today's Date: _____Name of Owner:_____
Name of Pet: _____ Phone Number where we can contact you today: _____
Address:_____
Who is your referring veterinarian? _____
When was your last visit to your referring veterinarian and what was performed? _____
_____
Are vaccinations current?_____
Is your pet kept indoor or outdoor?_____
What heartworm preventive are you giving? When was it last given? _____
What flea/tick preventive does your pet use? When was it last administered? _____
What medications/supplements is your pet currently taking? **(Please list dosage and directions)**
_____
_____
Were any meds given today? _____
Describe your pet's diet (brand and type/dry or canned):_____
_____
Table food, treats, or supplements: _____
When did your pet last eat? _____
Has your pet's condition improved or worsened since last seen here? Please explain.
_____
_____
Is your pet experiencing a new problem? Please explain. _____
_____

Is your pet experiencing any of the following?
Abnormal stools? ____Yes ____No
Vomiting? ____Yes _____ No
Sneezing? ____Yes ____No
Trouble breathing? _____ Yes _____No
Cough, tire easily, or faint? _____Yes ____No
Change in energy level? ____Yes _____ No
Change in appetite? ____Yes ____No
Change in water consumption or urination? ____Yes ____No
Lameness? ____Yes _____ No
Pain when sitting or rising? ____Yes ____No
Swelling, lumps, or painful areas? ____Yes _____No
If you answered yes to any of the previous questions, please describe:
_____
_____

Do you need to refill any of your pet's medications today?_____
If yes, please list:
_____
_____
_____
_____
_____
_____

Is your pet experiencing any problems or conditions not described above that we should be aware of? If so, please explain: _____
_____
Pet arrived with: carrier ____collar _____leash _____other_____ food_____ medications (if so, please list when medications should be given)
_____

Statement of Ownership and Consent

I am the owner of the aforementioned animal, or I have authorization from the owner to consent its treatment.
I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic, and surgical procedures necessary for its treatment.
I accept financial responsibility for these services.
I have read the above consent and understand why the above procedures may be necessary. I also have been told of the possible complications and alternatives to the listed procedures.

Signature _____ Date _____