



## Blue Cross Veterinary Hospital Drop Off Information

Client Name \_\_\_\_\_ Patient \_\_\_\_\_ Date \_\_\_\_\_

It is very important that the doctor be able to reach you by phone while your pet is being treated and/or tested.

Primary Person/Number \_\_\_\_\_ between the hours of \_\_\_\_\_

Alternate Person/Number \_\_\_\_\_ between the hours of \_\_\_\_\_

Please describe why your pet is being dropped off today:

Reason for visit: \_\_\_\_\_

Duration of symptoms: \_\_\_\_\_

Have any treatments / medications been given? \_\_\_\_\_

If yes, what was the response to treatment? \_\_\_\_\_

Is your pet on heartworm / flea medication? Yes/No

Name of Product(s) \_\_\_\_\_ Last Dose(s) Given: \_\_\_\_\_

Please list all medications or supplements your pet is on \_\_\_\_\_

\_\_\_\_\_

.....  
Has your pet had any of the following symptoms and if so, please describe what has occurred

- Vomiting: Yes/No \_\_\_\_\_
- Diarrhea : Yes/No \_\_\_\_\_
- Coughing: Yes/No \_\_\_\_\_
- Sneezing : Yes/No \_\_\_\_\_

Has your pet recently been in contact with any other animals, and if so, were they showing similar symptoms?

\_\_\_\_\_

.....  
Has your pet eaten / drank anything new / different recently? \_\_\_\_\_

\_\_\_\_\_



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What treatments do you authorize for your pet?

- Labwork : Yes/No
- Stool Testing: Yes/No
- X-rays : Yes/No
- Vaccinations: Yes/No
- Cost up to : \$ \_\_\_\_\_ vs Call First\*

\*Please be aware that if you choose "call first" no treatments with the exception of those required for life threatening conditions will be performed until we speak with you, so please remain available for contact.\*

Every attempt will be made to address your pet's needs as promptly as possible, however drop-off exams are seen on a fit-in basis and no guarantees are possible as to what time the exam will be performed.

I am owner or agent for the owner of the above-named animal and have the authority to execute this consent. I therefore consent and authorize the performance of the above procedure(s) if necessary.

Signature (owner/agent) \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_

***Please mark the location of any skin lumps or abnormalities.***

\_\_\_\_\_ **Lumps, Bumps and Locations of Interest**

Dog Name

View: Under      View: From Top