

Motherlode Veterinary Hospital Drop-Off Information

Client Name : \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

Patient Name : \_\_\_\_\_

Date : \_\_\_\_\_

Though we prefer to be able to speak to you directly regarding your pets health, we understand that with certain circumstances a drop-off appointment may be necessary. Please fill out the following information to help us best assess and care for your pet. The contact numbers listed above will be used for any additional information, follow-up, and notice of pick-up time. Please make sure you are available by phone in a timely manner so our staff can promptly obtain necessary information. If this is not possible please indicate a party in which you give consent to authorize treatment.

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

When did the symptoms begin? \_\_\_\_\_

Any signs of coughing, sneezing, vomiting, diarrhea?  Yes  No

If yes please indicate: \_\_\_\_\_

Has your pet had any exposure to other animals (dog parks, boarding facilities, etc)

Yes  No

Has your pet been eating & drinking normally?  Yes  No

If you selected No, for how long : \_\_\_\_\_

Has your pet eaten today?  Yes  No

If Yes, at what time : \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_

When was the last time each medication was given? \_\_\_\_\_

Does your pet have any allergies to medications?  Yes  No

If yes please indicate : \_\_\_\_\_

Is your pet on any flea/tick and/or heartworm prevention?  Yes  No

Are there any additional areas of concern you would like us to address today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Care for your pet today may include x-rays, bloodwork, and/or anesthesia. Are there any services to which you object?  Yes  No

If yes, to which services do you object : \_\_\_\_\_

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Would you like our office to contact you with an estimate before any treatment is started?  Yes  No

If we are unable to reach you, do you give permission to continue treatment?

Yes  No

If yes, up to what dollar amount do you authorize? \_\_\_\_\_

In case of an emergency, or in the case that you are unreachable, please indicate a persons you authorize to consent to treatment in your absence:

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

All animals must be picked up before closing. Our office is open Mon-Fri 8am - 5:30pm and Sat 9am - 3pm unless otherwise indicated.

**Please feel free to add any additional comments or concerns on the back of this page.**