Orchards Veterinary Clinic Drop-Off Admission Sheet

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

*Please fill out to the best of your ability. Drop-offs are generally seen in the early afternoon after appointments and surgeries, but will limit your in-clinic wait time. Please be sure to pick your animal up by 6:00pm M-F and 1:00pm on Saturday.*

Please check any box that pertains to your animal’s presenting complaint or history:

* Vomiting
* Diarrhea
* Constipation
* Lack of appetite
* Lethargy
* Lack of appetite
* Exercise intolerance
* Coughing
* Sneezing
* Itching/Scratching
* Increased water intake
* Shaking head
* Blood transfusion
* Allergies (please list)

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

* Changes in urination (please list)

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

* Other (please list)

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

In order to treat your animal as promptly as possible, we ask that you preapprove certain diagnostics &/or treatments. **Be aware that our doctors will not run diagnostics or give treatments unless they deem it absolutely necessary.** Please check the box if you are willing to give your permission for the following:

* Exam $42
* Bloodwork (generally $35-$195)
* Fecal ($20-38)
* Urinalysis ($35-50)
* X-rays ($95)
* Subcutaneous fluids ($20)
* IV fluids ($94-104)
* Sedation/Anesthesia ($95-170)
* Surgery (Varies)
* Treatments (Varies)
* If any other treatment is necessary please do not exceed the amount of $\_\_\_\_\_\_\_\_

**Please provide a number at which you can be reached today**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will contact you if we need permission for any extra treatments or diagnostics that you have not already approved. **\*Please remember that payment is due when you pick up your animal\***

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

Signature Date Printed Name