



Medical Care Patient History Form
Drop-Off Appointment

Car Make/Model/Color:
[Empty box for car information]

COVID-19 NOTICE:

PLEASE NOTE THAT AS OF 3/23/20 WE ARE ONLY ABLE TO PROVIDE CURBSIDE SERVICE. (In an effort to protect our staff & allow them to continue caring for our patients, & to protect our clients, only employees & pets are allowed into the building.) WHEN YOU ARRIVE TO THE CLINIC, PLEASE REMAIN IN YOUR CAR & CALL US AT 618-222-9860. We will then take your pet into the clinic for you. The doctor will examine your pet as quickly as he/she can, which in some instances isn't until lunchtime. But as soon as the doctor has examined your pet, he/she will call you with further questions, recommendations, etc. We prefer that you pay with a credit card either over the phone, or via Square when you come back to pick up your pet. We understand that this isn't the most ideal situation, but have been advised by multiple professional organizations to care for our patients in this manner. THANK YOU FOR YOUR PATIENCE & COOPERATION DURING THIS DIFFICULT TIME!

Owner's Name: _____ Pet's Name: _____
Last, First

Have you or anyone in your household had a fever, cough or other respiratory signs in the last 2 weeks? YES* / NO / UNSURE

Contact #'s _____ Best Time to Call: _____
For Today: #1 #2

What problem is your pet presenting with? _____

When did you first notice the problem? _____

Has the problem changed since you noticed it? (please circle) YES NO
If yes, how? _____

Has your pet had this problem before? (please circle) YES NO
If yes, when? _____

Is your pet eating? (please circle) YES NO Don't Know

Is your pet drinking? (please circle) YES NO Don't Know

If there is anything else you would like the doctor to know, please describe below:

What medications, vitamins, or nutritional supplements has your pet received recently?

Name of Product	Date Given	Amount

Is your pet allergic to any medications or had a reaction to any? (please circle) YES NO

If yes, explain: _____

Are you leaving any medication with your pet today? (please circle) YES NO

If yes, please describe: _____

Best Friends Animal Hospital does not charge for keeping your pet for outpatient services. If more intensive care is required, hospitalization charges could apply. You would be contacted for authorization before any such treatment was initiated. To treat &/or diagnose your pet our doctors may only need an examination, or we may need additional tests. In an effort to diagnose &/or treat your pet's condition as quickly as possible, please select from the level of initial care you will consent to without prior contact and specific authorization. Please circle the phrase that expresses your wishes:

Up to \$100 Up to \$200 Up to _____

Your choice will in no way alter the recommendations we have for your pet's care. We have had difficulty contacting some owners however to get their approval when their pet needed immediate treatment. The doctor will contact you before any treatment is done that exceeds your approval above.

Do you prefer to pay by phone or by Square credit card reader? Phone / Square / cash*

*If at all possible please utilize a credit card for payment so that we may avoid handling cash. Thanks!

Consent for Exam, Treatment, and/or Surgery:

I am the owner, or a representative of the owner, of the animal(s) presented & have the authority to execute this consent. I authorize & direct the veterinarians of Best Friends Animal Hospital (& their designated assistants) to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, sedate, anesthetize, perform therapeutic procedures &/or surgery as their judgment may dictate to be advisable for the patient's well being. I understand I will be advised as to the nature of the procedures & the risks involved. I understand that no warranty or guarantee will be made as to the results or cure. An estimate of these fees will be provided at my request for the initial assessment & treatment for the patient(s) presented. I realize that actual expenses may differ from the estimate dependent on the patient's condition & length of stay in the hospital. Best Friends will try to contact me if emergency treatment is required. I also understand & will be responsible for expenses incurred in an emergency when I cannot be reached or there is no time to contact me. I will be fully responsible for monitoring the ongoing expenses & will be fully responsible for all expenses incurred through the animal's diagnosis & treatment.

~ All fees are expected to be paid in full upon completion of the visit. ~

~ A deposit is required if the patient is being hospitalized. ~

Owner's Signature: _____ Date: _____