

Kings Row Pet Hospital  
3653 Kings Row  
Reno, NV 89503  
(775) 747-1211

### **DROP OFF INFORMATION SHEET**

**Scheduled appointments and surgery have priority over drop offs unless it is an emergency.** I understand that my pet will be examined and treated when a doctor becomes available.

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

Mrs. { } Mr. { } Dr. { } Ms. { }

\_\_\_\_\_  
Last name, First name MI

Spouse/ Partner: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Spouse/Partner Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(Please circle phone number that you can be reached at today)*

Pet's Name: \_\_\_\_\_

**Comprehensive Exam: \$59.95**

**Additional Fee for Eye Problems:**

Corneal Stain: \$33.43

{ } Only examine animal. **Call before** doing any treatment. \*(If marked please do not mark any other boxes)\*

**PLEASE MARK APPROPRIATE BOXES:**

{ } I give permission for sedation or anesthesia, if needed, at an additional fee. ( I understand there are always potential risks involved when using sedatives and/ or anesthesia or performing surgery on an animal).

{ } I give permission to take x-rays, if needed, at an additional fee. **Starting** at \$249.00

{ } Please call me before treating if my cost will be over \$\_\_\_\_\_ If left blank, we will call if over \$200.00 **\*NOT INCLUDING EXAM FEE.\***

{ } Other \_\_\_\_\_

Kings Row Pet Hospital is NOT a 24 hour facility. In the event that your pet may require 24 hour care we may recommend that you transfer your pet to the Animal Emergency Center. Pets may be kept in our hospital overnight to provide a comfortable and quiet recovery, but we do not have personnel present in our facility overnight to observe or treat your pet. **Please note: Pick up time is prior to 6:00 p.m. Monday – Friday**

Initial \_\_\_\_\_

**I agree to pay in full, for services performed.** The fees are due and payable at the time of discharge unless prior arrangements are made with the doctor or office manager. Failure to pay for and claim your pet at time of discharge may constitute abandonment (NAC 638.052 and NAC 638.051) at which time the pet becomes property of Kings Row Pet Hospital. You will still be legally responsible for costs incurred, including boarding fees.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## IMPORTANT PATIENT DROP-OFF INFORMATION

Please fill out the following information so that we may provide the highest quality care possible for your pet:

Pet's Name: \_\_\_\_\_

\*How is your pet's energy level?

{ } Higher than normal    { } Normal    { } Less than normal

\*How is your pet's appetite?

{ } Higher than normal    { } Normal    { } Less than normal

\*When did your pet last eat?

{ } < 2 hours    { } 2-6 hours    { } 7-12 hours    { } 13-24 hours    { } > 24 hours

\*How is your pet's water intake level?

{ } Higher than normal    { } Normal    { } Less than normal

Is Your Pet:

\*Indoor or outdoor? \_\_\_\_\_

\*Are vaccinations current? \_\_\_\_\_

\*Vomiting? \_\_\_\_\_ If yes, what? (Blood, bile, foam, undigested food) How long/times per day? \_\_\_\_\_

\*Diarrhea? \_\_\_\_\_ If yes, is it black? Any blood or mucus? \_\_\_\_\_  
How long/ times per day? \_\_\_\_\_

\*Currently taking any medications? \_\_\_\_\_ If so what and how often? \_\_\_\_\_

\*Seizures? \_\_\_\_\_ How long/times per day? \_\_\_\_\_

\*Coughing? \_\_\_\_\_ How long? \_\_\_\_\_

\*Sneezing? \_\_\_\_\_ If yes, any discharge? \_\_\_\_\_

\*Urinating/ Defecating? \_\_\_\_\_ Does stool appear normal? \_\_\_\_\_ Does urine appear normal? \_\_\_\_\_

What part of your pet's body are we examining? (Please make sure to indicate if it's left or right on the animal)

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Why did you bring your pet in today? Be as **detailed** as possible. (How long, how much, when did it start, etc.)

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Any Progression, is it getting worse? \_\_\_\_\_

Does your pet have any previous medical problems that we should be aware of? \_\_\_\_\_

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_