Staff Sign-In: Tech - _____

# DEARBORN ANIMAL HOSPITAL

**Patient Drop-off form**

Client's Name: _____ Pet's Name: _____

Address: _____ Species: _____

_____ Breed: _____

Phone: _____ D.O.B.: _____

Emergency Contact Number: _____ Sex: ☐ Male ☐ Female Fixed? ☐ Yes ☐ No

**I request Dearborn Animal Hospital to examine my pet and to provide the following services:**

## FOR MY DOG:

*VACCINES*
- ☐ DHPP (Distemper/Parvo): 1 year ( __) 3 year (__)
- ☐ Rabies: 1 year ( __) 3 year (__)
- ☐ Bordatella (kennel cough)

*DIAGNOSTICS*
- ☐ Heartworm test (required yearly)
- ☐ Fecal (intestinal parasites)
- ☐ Labwork: _____
- ☐ X-Rays: _____
- ☐ Other: _____

*TREATMENT*
- ☐ Express anal glands
- ☐ Deworm
- ☐ Clean ears
- ☐ Toenail trim
- ☐ Refills: _____
- ☐ Other: _____

## FOR MY CAT:

*VACCINES*
- ☐ Rabies: 1 year ( __) 3 year (__)
- ☐ FCVRCP (feline distemper): 1 year ( __) 3 year (__)
- ☐ FeLV (feline leukemia)

*DIAGNOSTICS*
- ☐ Feline Leukemia/FIV test
- ☐ Fecal (intestinal parasites)
- ☐ Labwork: _____
- ☐ X-Rays: _____
- ☐ Other: _____

*TREATMENT*
- ☐ Clean ears
- ☐ Deworm
- ☐ Toenail trim
- ☐ Other: _____
- ☐ Refills: _____
- ☐ Other: _____

**PLEASE NOTE**: *If your pet is not currently up to date on vaccines, we will booster the basic, required vaccines. For DOGS we require at least Rabies and DHPP vaccines. For CATS we require at least Rabies and FVRCP vaccines. If you pet has fleas, we will administer an appropriate flea treatment.*

**ENVIRONMENT**: Please indicate whether your pet lives: ☐ Inside only ☐ Both inside and outside

**Is your Pet current on Heartworm Preventative?** (Dogs Only) ☐ Yes ☐ No

If so, what Brand? _____

**Is your Pet current on Flea Preventative?** ☐ Yes ☐ No

If so, what Brand? _____

**Have you noticed your pet having any of the following problems? Please check all that apply.**

- ☐ Straining to urinate
- ☐ Diarrhea
- ☐ Constipation
- ☐ Scooting
- ☐ Vomiting
- ☐ Decreased appetite
- ☐ Difficulty eating/drinking
- ☐ Vision Loss
- ☐ Watery eyes
- ☐ Weakness
- ☐ Lethargy
- ☐ Increased thirst/water intake
- ☐ Panting
- ☐ Gagging
- ☐ Itching
- ☐ Stiffness
- ☐ Weight loss
- ☐ Weight gain
- ☐ Coughing
- ☐ Limping
- ☐ Hair loss
- ☐ Pain
- ☐ Change in Behavior
- ☐ Shaking head

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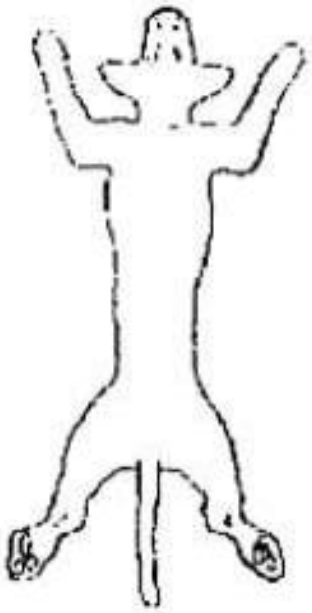
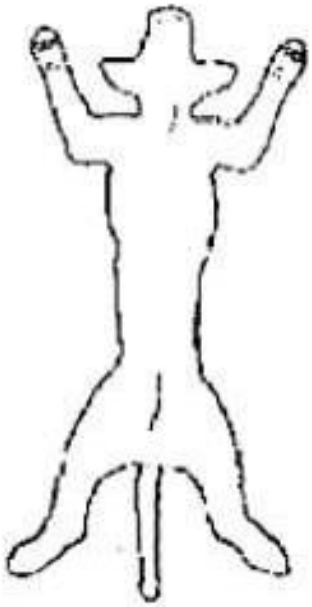
☐ Lumps or Bumps (please draw where the bumps are on your pet)

Left TOPSIDE Right



Right UNDERSIDE Left



Please describe any other issues, and when they started: _____

_____

What diet is your pet currently eating? _____

**Is your pet on any medications**? No ☐ Yes If yes, please list and provide dosage and administration.

_____

**If deemed medically necessary by the Veterinarian, I authorize the following:**

| | | |
|---|---|---|
| Diagnostic Bloodwork and/or Urinalysis | ☐ Yes | ☐ No |
| Sedation | ☐ Yes | ☐ No |
| Radiographic Images (XRays) | ☐ Yes | ☐ No |
| CPR (In case of emergency) | ☐ Yes | ☐ No |

**Please Note:** *If your pet cannot be handled without sedation, we will be unable to complete the physical exam without authorization to sedate. Sedation is used only when necessary for the safety and well-being of your pet and the staff.*

Please call us around 3pm to check on the status of your pet's exam – drop-off exams are worked in during the day, after work-ins who wait to see the Veterinarian. If we have a question regarding your pet's treatment or need authorization to perform a test, and cannot reach you, we will wait until you call us to finish your pet's exam and treatment.
In cases of examinations where there is an immediate threat to the well-being of your pet and we are unable to contact you, our Veterinarians will take the necessary steps to stabilize your pet and alleviate pain until we are able to contact you.

Please note that payment is expected at the time of service. Unless otherwise directed, the veterinarian will take any and all appropriate actions he or she deems necessary for the health of your pet, including administering medications and vaccines. By signing below, you agree to the above terms and conditions.

Signature:_____ Date:_____/_____/_____

For the safety & health of all our patients, all dogs staying overnight at DAH must have proof of a negative fecal test within the past 6 months or a new fecal test will be conducted at drop off ($31) to prevent the spread of contagious diseases.