

CAMANCHE VETERINARY CLINIC
(563) 259-4017

DROP OFF SHEET

Owner: _____
Pet: _____
Age: _____

Phone number where you can
be reached: _____

We have arranged for you to leave your pet here to allow one of our doctors to examine your pet as soon as possible today. Please read through the following questions and answer any that may apply to your pet today. Please read and sign the authorization that follows.

Everything was OK with my pet until: _____

My pet is exhibiting the following symptoms:

lethargy _____ vomiting _____ diarrhea _____ weight loss _____
weight gain _____ limping _____ (please indicate which leg) _____ itching _____
hair loss _____ abnormal stools _____ excessive urination _____
excessive drinking _____ injury _____ (what part of body?) _____

Has your pet eaten anything other than recommended diet? _____ If so, what? _____

Please describe in your own words what seems to be the problem with your
pet. _____

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after he/she has examined my pet to discuss recommended diagnostics and treatment.

If I can not be reached at the above number, I authorize initial diagnostics, including radiographs and bloodwork if indicated for my pet. Further, if I can not be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds if my pet is presented for one of these problems. I understand and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged and that a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I understand that if evidence of fleas is found on my pet today, flea medication will be applied and I will be charged accordingly.

SIGNATURE _____ DATE _____