

Mountain Park Animal Hospital



5324 Five Forks Trickum Rd. Lilburn, Ga. 30047 770-921-2965

Drop-Off Information Form-Health Problem Visit

We have arranged for you to leave your pet here, to allow a doctor 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. The more thorough and accurate you are the better for your pet.

Please read and sign the authorization on the back of this form.

Client Name: _____

Pet's Name: _____ Date: _____

Everything was okay with my pet until _____. Since then, _____

Vomiting/Diarrhea/Lethargy/ Not Feeling Good:

My pet is lethargic Yes/No

My pet is vomiting Yes/No

More than once/day

Once/day

_____ times/week

Vomiting started when? _____

Last time vomited? _____

What was vomited up? _____

What color was it? _____

My pet is having diarrhea Yes/No

How frequently More than once a day, Once/day, _____ times/week

What color was diarrhea? _____

What consistency was diarrhea? _____

My pet seems constipated Yes/No

My pet is eating: Normally, Increased amount, Decreased amount ; When did your pet eat last? _____

What brand and variety of food(s) do you normally feed? _____

Has your pet had access to foods other than its normal pet food? Yes/No

If yes, please specify _____

Coughing/Runny Nose/Eyes:

My pet is coughing Yes/No How often/when? _____

Is anything being produced? _____

Is your pet sneezing or having discharge from nose or eyes? _____

Limping/Lameness/Painful:

My pet is lame _____, or sore _____, or has been injured? _____

I think his/her _____ is bothering
him/her.

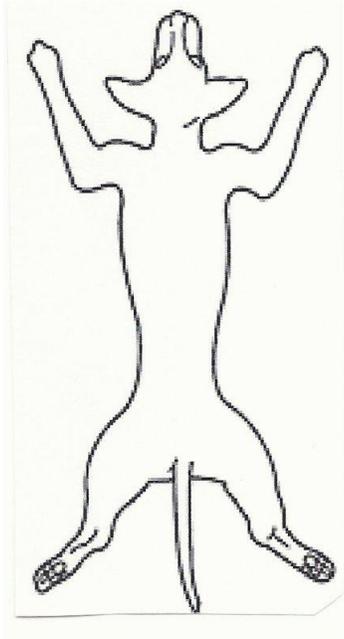
(Continue on back side)

It has worsened ____, remained the same or ____, improved some ____.
This has recently happened ____, has never happened before ____, or is a long time (chronic) problem __.

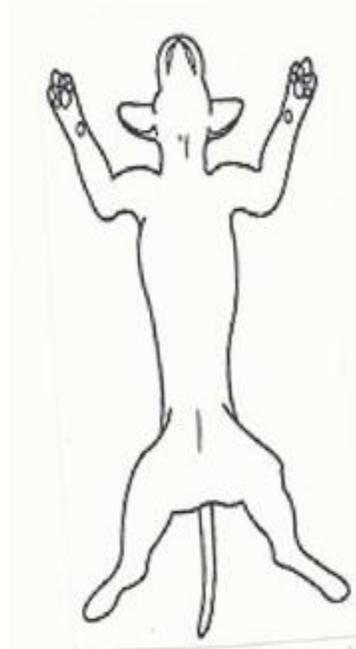
Skin/Ear Problems:

My pet is scratching/licking/has hair loss Yes/No. Please show where on diagram below:

Left (Topside) Right



Right (Bottomside) Left



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 she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at

_____ or _____

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot 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, however, 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 I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: _____ Date: _____