

# Mountain Park Animal Hospital



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

## Drop-Off Information Form-Well Care

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: \_\_\_\_\_

My pet is being brought in today for: \_\_\_\_\_

**\*\*\*If your pet is having any skin problem please show us where using the diagram on the next page.\*\*\***

**Please answer the questions below:**

Has your pet ever had a reaction to vaccines?  No;  Yes-What occurred? At what hospital was the vaccine given? (we would like to get information about the reaction) \_\_\_\_\_

Are there any problems that need to be checked while your pet is in the hospital?

No,  Yes-\_\_\_\_\_

Has your pet been coughing or sneezing?  No  Yes-please tell us about the coughing or sneezing. \_\_\_\_\_

Has your pet been having diarrhea or vomiting?  No  Yes, please explain and describe \_\_\_\_\_

Does your pet have/had seizures?  No  Yes, please describe. Is your pet on medication for seizures? \_\_\_\_\_

What are you feeding your pet? How much? \_\_\_\_\_

What medications is your pet on? \_\_\_\_\_

What heartworm prevention is your pet on? When did you give it last? \_\_\_\_\_

**(Continued on next page)**

What flea medication is your pet on? When was it given last? \_\_\_\_\_

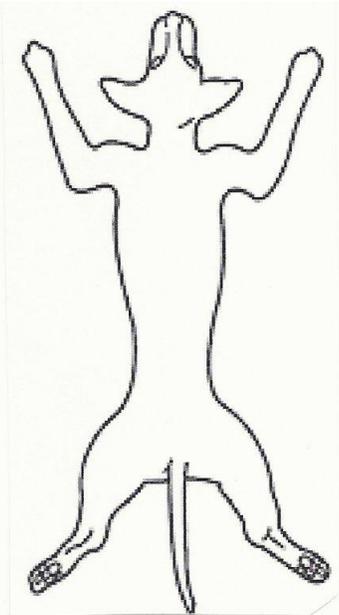
Is your pet on any over the counter medications or supplements? \_\_\_\_\_

Do you need any refills for your pet today?  No  Yes, I need: \_\_\_\_\_

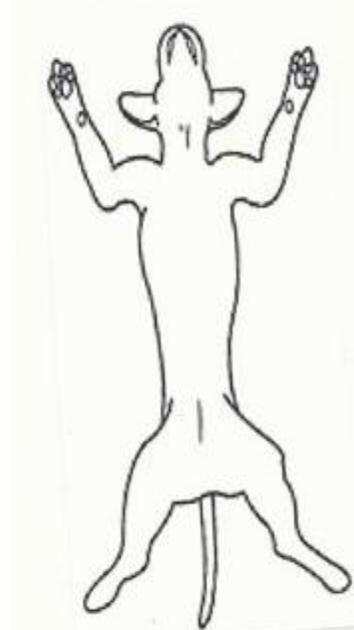
Has your pet had any allergic or adverse reactions to any medications?  No  Yes. What was the problem? \_\_\_\_\_

Do you have any questions for the doctor today?  No  Yes-they are: \_\_\_\_\_

Left (Topside) Right



Right (Bottomside) Left



I am the owner/agent for described animal, authorize, and request an exam for my pet and the above listed procedures.

- Yes!** I would like a call (at the number given below) with an estimate of the charges for today's visit. I am aware I am responsible for all charges incurred today.
- No!** I would **not** like a call with an estimate of the charges for today's visit. I am aware I am responsible for the charges incurred today.

I can be reached at

\_\_\_\_\_ or \_\_\_\_\_

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: \_\_\_\_\_