LONE STAR ANIMAL HOSPITAL
PATIENT DROP-OFF FORM --- ILLNESS

Client's Name:_______________________________________ Pet's Name:_______________________________

Primary phone number:_________________________________ Alternate number: ___________________________

List ALL medications your pet is taking or has taken in the last 14 days (including over the counter/human/prescribed/etc):

____

Primary Concern(s): **Please select or circle all that apply to your pet's current condition.**

- ☐ Respiratory Issues (coughing, sneezing) Duration/Comments: ______________________________
- ☐ Diarrhea (blood or mucous present) Duration/Comments: ______________________________
- ☐ Decreased Appetite Duration/Comments: ______________________________
- ☐ Ear Problems (Right Left Both) Duration/Comments: ______________________________
- ☐ Eye Problems (Right Left Both) Duration/Comments: ______________________________
- ☐ Skin Issues (Itchy Hair Loss) Duration/Comments: ______________________________
- ☐ Limping (Front or Rear Left or Right) Duration/Comments: ______________________________
- ☐ Increased Thirst Duration/Comments: ______________________________
- ☐ Increased Urination/Frequency Duration/Comments: ______________________________
- ☐ Loss of Balance Duration/Comments: ______________________________
- ☐ Painful (Where) Duration/Comments: ______________________________
- ☐ Vomiting Duration/Comments: ______________________________
- ☐ Weakness Duration/Comments: ______________________________
- ☐ Weight Loss Duration/Comments: ______________________________
- ☐ Wound(s) Locations/Comments: ______________________________
- ☐ Check Growth(s) Locations/Comments: ______________________________
- ☐ Other: ____

PLEASE INITIAL ONE OF THE FOLLOWING REGARDING AN ESTIMATE OF CHARGES:

________**(int)** I **DO NOT** require an estimate **OR** I have already received an estimate and **DO NOT** require an update.

________**(int)** I **DO** require an estimate after an initial examination of my pet and **before** treatments are initiated.

IF UNREACHABLE BY PHONE: ________**(int)** I **DO** authorize initial diagnostics, treatments or medications be initiated.

________**(int)** I **DO NOT** authorize diagnostics, treatments or medications **until** I am reached.

PLEASE READ OUR POLICIES AND SIGN BELOW:

- I authorize an examination, accept financial responsibility AND understand payment is due at discharge.
- I understand my pet may be placed in isolation if **NOT** current on required vaccines.
- Flea medication will be given or applied topically if fleas are found on my pet.
- If I **AUTHORIZE** anesthesia or sedation for any reason, I understand there are always inherent, unpredictable risks, including death. ***If needed a surgery form will be provided for further authorizations.***

Signature:____ **Date:**____________________

LONE STAR ANIMAL HOSPITAL
PATIENT DROP-OFF FORM ---- WELLNESS

Client's Name:_______________________________ Pet's Name:_______________________________

Primary phone number:___________________________ Alternate number: ___________________________

Please list ALL medications your pet is taking or has taken in the last 14 days (including <u>over the counter/human/prescribed/etc</u>):

____

<u>Please select all that apply to your pet</u>.

<u>Canine:</u>

☐ Rabies

☐ DAPP (distemper, adeno, parainfluenza, parvo)

☐ Bordetella (Kennel Cough)

☐ Influenza Bivalent

☐ Leptospirosis

☐ Lyme Disease

☐ Intestinal Parasite Screen

☐ Heartworm Test

<u>Wellness Blood Work:</u>

☐ Annual Adult (if younger than 7 years old)
- Complete Blood Count
- Chemistry Profile

☐ Annual Senior (if older than 7 years old)
- Complete Blood Count
- Chemistry Profile
- Specific Kidney Function
- Total Thyroid Function
- Urinalysis

<u>Feline:</u>

☐ Rabies

☐ FVRCP (Feline Upper Respiratory)

☐ FeLV (Feline Leukemia)

☐ FVRCP/FeLV combo vaccine

☐ FeLV/FIV Test

<u>Any other concerns that need addressed OR services completed today?</u> ****<u>**If concerns exist -- please fill out other side of page**</u>

____

____

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________**(int)** I **<u>DO NOT</u>** require an estimate **<u>OR</u>** I have already received an estimate and **<u>DO NOT</u>** require an update.

________**(int)** I **<u>DO</u>** require an estimate after an initial examination of my pet and **<u>before</u>** treatments are initiated.

<u>IF UNREACHABLE BY PHONE:</u> ________**(int)** I **<u>DO</u>** authorize initial diagnostics, treatments or medications be initiated.

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Signature:_______________________________________ **Date:**_______________