

Patient Drop off Form



Cleveland Park East Animal Hospital



Client First & Last Name: _____

Pet's Name: _____

Pet's Age: _____

Date for Drop-off: _____

Telephone Number(s) to reach you today: _____

*Please note that if we have not seen your pet before, we will need to be able to contact you regarding his/her examination prior to instigating any treatments.

Has your pet been seen by us before? Yes ___ No ___

If no, please also complete the New Client Registration Form.

Do you have a doctor preference? Yes ___ No ___

If yes, please list: _____

When was your pet's last meal? _____

What did he/she eat and how much? _____

What medications and/or supplements (if any) has your pet received in the last 3 days? Please list name of Medication/Amount Given/What time/Day:

Please describe the symptoms your pet is having, pertinent history leading up the current condition, any previous major medical problems, and what extent of treatment to do below. If your pet is currently our patient, we will have your medical records on file. If your pet has been seen by another veterinary hospital please also include their contact information so we can obtain recent records.

Is your pet sensitive or allergic to any medications, vaccines, or food? Yes ___ No ___

Please list:

Please note that there are certain vaccinations that your pet will need to stay at our hospital. These will be administered if your pet is not current. If your pet is staying with us for a sickness, vaccinations will be at the doctor's discretion.

For your convenience and to best care for your pet would you like us to:

- € Examine your pet and proceed with treatment
- € Contact you during exam and prior to treatment

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PERFORMED

In admitting my pet for diagnostics, treatment, or surgery, I authorize the veterinarians of Cleveland Park East Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signature: _____

Date: _____