



Drop Off Form

To ensure the best care possible,
please take the time to fill in this form completely.



Today's Contact Information:

Date: _____ Owner Name: _____

Primary Number: _____ Name (if other than owner): _____

If mobile phone, do you prefer text communication? Yes No

Secondary Number: _____ Name (if other than owner): _____

If mobile phone, do you prefer text communication? Yes No

Pet Information

Pet Name: _____ Species: Canine Feline

Breed: _____ Color/Markings: _____ Birthday/Age: _____

Sex: Male Female Neutered/Spayed, Does your pet have a microchip? Yes No

Is your pet on: Heartworm Prevention Flea Prevention Tick Prevention

Please provide the name of the product(s) you use: _____

Is your pet current on all vaccinations? Yes No

Diet brand: _____ amount you feed: _____ how often: _____

Does your pet board, go to day care or groomer? Yes No

Is your cat: Strictly indoors Supervised Outdoors Unattended Outdoors Indoor/Outdoor

Do you have other pets at home? No Yes, How many? _____

Has your pet ever had a reaction to vaccines or medications? No Yes If yes, to what? _____

What is the reason for this visit? _____

Choose one of the following:

My pet is here for: Routine Services Bloodwork Radiographs

My pet is here for a recheck of: _____

My pet is sick. My main concern is: _____

Has your pet been treated before for the same complaint? Yes No

Length of illness or changes in pre-existing conditions: _____

Please check ANY symptoms or problems you have noticed about your pet:

- | | | |
|---|--|--|
| <input type="checkbox"/> Behavior Changes | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Licking paws | <input type="checkbox"/> Straining to urinate |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Urination Increased frequency |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Urination Increased volume |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching Ears | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fleas, ticks | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Drinking more water |
| <input type="checkbox"/> Gagging | | |
| <input type="checkbox"/> Discharges, explain: _____ | | |
| <input type="checkbox"/> Limping, which leg: _____ | | |
| <input type="checkbox"/> Lump, where?: _____ | | |
| <input type="checkbox"/> Scratching Body, where?: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Please check ALL that your pet needs:

Dogs

- Vaccines (Rabies, Distemper/Parvo, Bordetella, Lepto)
- Heartworm Test
- Intestinal Parasite Exam
- Annual Bloodwork Profile
- Ear cleaning
- Nail Trim
- Anal gland expression
- Microchip
- Other services, please list: _____

Cats

- Vaccines (Rabies, FVRCP, Leukemia)
- FIV/FELV test
- Intestinal Parasite Exam
- Annual Bloodwork Profile

To help diagnosing your pet, please authorize or decline the following:

Authorization for bloodwork if needed: Yes No Call before.

Authorization for x-rays if needed: Yes No Call before.

Authorization for sedation if needed: Yes No Call before.

As determined by the veterinarian, some pets require sedation/general anesthesia for an adequate physical exam, treatment or surgery. Our clinic uses the safest protocol for your pets. By answering "YES" you understand that there is a risk involved when you sedate any animal.

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/or agent of the above patient and I authorize Rubio Pet Hospital staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my pet, and I consent to any such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure. Additional charges will accrue if my pet is not picked up on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. All unpaid checks and delinquent accounts will be transferred to a collection agency. I agree to hold Rubio Pet Hospital, its affiliates and their respective officers, directors, employees and agents **harmless** from and against any and all claims, losses, damages, suits, expenses, including attorney's fees for any complication seen or unforeseen as a result of any procedures performed and consented by said owner/agent.

Signature of Responsible Party

Date

