**BRIARCREST VETERINARY CLINIC**

**PET DROP OFF INFORMATION**

**Client Name:** _____

**Telephone Number to reach you today:** _____

**Pet's Name:** _____ **Breed:** _____

**Has your pet been seen by us before?** [ ] Yes [ ] No (if not, please fill out a Client Registration form)

PLEASE READ THE FOLLOWING QUESTIONS AND ANSWER ANY THAT MAY APPLY TO YOUR PET TODAY.

**When was your pet's last meal?** _____ **What did he/she eat?** _____

**What medications (if any) has your pet received in the last 24 hours?**

| Name of medication: | Amount given | What time |
|---|---|---|
| | | |
| | | |
| | | |

**Is your pet sensitive or allergic to any medications or food [ ] no [ ] yes**

(please list) _____

**What vaccinations, if needed, would you like us to give your pet today? Proof of vaccination is required if performed at another clinic.**

[ ] Rabies [ ] Distemper-Parvo [ ] Feline upper respiratory(FVRCP) [ ] Feline Leukemia

**My pet is lethargic:** _____

**Water intake has a) increased___, b) decreased___, c) not changed___**

**My pet has not eaten since:**

_____

**My pet started vomiting:** _____**last vomited:**_____

**My pet has a) normal stools:** _____**, b) seems constipated** _____**, c) has diarrhea**_____

**Has your pet had access to foods other than his normal diet?** _____

**My pet has: a) lost_____, b) gained_____ weight.**

**My pet is a) lame____, b) sore____, or has been injured (specify where on body or which leg(s)**

_____

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

**This started** _____**. The problem has a) worsened_____, b) improved_____**

**The problem has a) never happened before____, b) has been a long time (chronic) problem_____**

**Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems, and what you would like us to do below:**

**Would you like us to:**

[ ] treat your pet after examination? I understand that sedation and/or pain medication will be provided if deemed necessary to conduct the examination.

[ ] call you with the findings of the examination and an estimate of treatment cost prior to our treating your pet?

* Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to instigating any treatments. I understand that sedation and/or pain medication will be provided if deemed necessary to conduct the examination.

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

**In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Briarcrest Veterinary Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.**

**I accept financial responsibility for charges incurred for this pet.**

**Signed:** _____ **Date:** _____