

# 1Academy Animal Hospital

Dr. Mark Storey

## Canine Drop-off Form

Date: \_\_\_\_\_

Office Use:

Owner: \_\_\_\_\_

Client ID \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Treatment Date \_\_\_\_\_

**If this form is not properly filled out, then all tests and procedures deemed appropriate by the Doctor will be performed at the owner's expense.**

### **If you have brought your dog in for vaccinations:**

Along with the vaccinations, we recommend having a fecal examination to check for intestinal parasites.

\_\_\_\_\_ I **DO** want a fecal examination. \_\_\_\_\_ I **DO NOT** want a fecal examination.

We also recommend a Heartworm Test to check for this parasite of the heart.

\_\_\_\_\_ I **DO** want a Heartworm test. \_\_\_\_\_ I **DO NOT** want a Heartworm test.

### **If you have brought your dog in for a health problem, please fill out the form below.**

1) What is the primary problem(s)? \_\_\_\_\_

2) How long has your dog had the problem? \_\_\_\_\_

3) Is the problem getting worse? \_\_\_\_\_ Staying about the same? \_\_\_\_\_  
Getting better? \_\_\_\_\_

4) Have you noticed any other problems? If so, please describe them \_\_\_\_\_

5) Has your dog been Heartworm Tested in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your dog on Heartworm Preventative now? Yes \_\_\_\_\_ No \_\_\_\_\_

### ***How is your dog's***

Appetite? \_\_\_\_\_ Normal \_\_\_\_\_ Reduced \_\_\_\_\_ Not eating

Water Consumption? \_\_\_\_\_ Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased

Activity Level? \_\_\_\_\_ Normal \_\_\_\_\_ Reduced \_\_\_\_\_ Very Reduced

Vomiting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bowel Movements? \_\_\_\_\_ Normal \_\_\_\_\_ Diarrhea \_\_\_\_\_ Constipated

Urination? \_\_\_\_\_ Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased

Coughing? \_\_\_\_\_ Yes \_\_\_\_\_ No Sneezing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Scratching? \_\_\_\_\_ Yes \_\_\_\_\_ No Location? \_\_\_\_\_

### **The following must be authorized or not authorized for all visits.**

**As with any medical condition, tests such as X-rays, blood tests or other diagnostic tests may be needed. If such tests are thought to be necessary by the Doctor, I**

**◆AUTHORIZE / DO NOT AUTHORIZE such tests to be performed.**

**Also, sometimes to perform tests or to treat your dog, sedation/anesthesia may be necessary. If sedation / anesthesia is thought to be necessary by the Doctor, I**

**◆AUTHORIZE / DO NOT AUTHORIZE the sedative/anesthetic usage.**

Dollar limit on procedures (If applicable) \_\_\_\_\_

***We appreciate your entrusting us with your pet's health care. Thank you.***

### **Payment Policy**

All fees are to be paid in full at the time that services are performed or upon your pet's discharge from the hospital. For your convenience, we accept cash, checks, MasterCard, Visa, and Discover Card.

Client Signature \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

(If we are unable to reach you, the Doctor will proceed with what he feels is necessary.)