

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.)