

Academy Animal Hospital

Dr. Michelle Cahill

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 procedure deemed appropriate by the doctor will be performed at the owner's expense.

If you have brought you 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 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 you dog's

Appetite? Normal Reduced Not eating

Water Consumption? Normal Reduced Decreased

Activity Level? Normal Reduced Very Reduced

Vomiting? Yes No

Bowel Movements? Normal Diarrhea Constipation

Urination? Normal Increased Decreased

Coughing? Yes No Sneezing? Yes No

Scratching? Yes No Location? _____

PLEASE CHECK IF YOU AUTHORIZE OR DO NOT AUTHORIZE

As with any medical condition, tests such as X-rays, blood tests or other diagnostic tests may be needed. Is 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 o be necessary by the Doctor, I

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

Dollar limit on procedures (If applicable) _____

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 you convenience, we accept cash, checks, MasterCard, Visa, and Discover Card.

Client Signature _____

Phone number where you can be reached _____

Email for vaccine reminders _____

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