

MISSION ANIMAL & BIRD HOSPITAL
Bark Avenue Resort & Kamp

Drop Off Form

PET PARENT NAME: _____ Email Address _____

PET'S NAME: _____ TODAY'S DATE: _____

PHONE NUMBER(S) WHERE YOU CAN BE REACHED TODAY: _____

ARE VACCINES CURRENT? _____ IF GIVEN HERE, WE CAN CHECK OUR RECORDS. IF GIVEN ELSEWHERE, STATE WHERE AND WHEN _____

REASON FOR TODAY'S EXAM: _____ ANNUAL EXAM (Healthy) _____ MEDICAL PROBLEM(S)

IF PROBLEM, DO YOU CONSIDER YOUR PET'S CONDITION TO BE AN EMERGENCY ? _____

BRIEFLY DESCRIBE ANY PROBLEM(S) _____

WHEN DID YOU FIRST NOTE THE PROBLEM(S): _____

IS YOUR PET ACTIVE AND ALERT? _____

ANY CHANGES IN WEIGHT? _____

APPETITE: Normal _____ Increased _____ Decreased _____ WATER INTAKE: Normal _____ Inc. _____ Dec. _____

ANY CHANGES IN B.M.'s OR URINATIONS _____

ANY VOMITING OR DIARRHEA? _____ If yes, describe the frequency, color and content:

ANY COUGHING OR SNEEZING? IF YES, DESCRIBE _____

IS YOUR PET CURRENTLY ON ANY MEDICATIONS / TREATMENTS FOR ANY OTHER PROBLEMS?

IS YOUR PET ALLERGIC TO ANY MEDICATIONS? _____

AFTER A PHYSICAL EXAMINATION IS GIVEN, YOU WILL BE TELEPHONED AND INFORMED AS TO THE NATURE OF YOUR PET'S PROBLEM AS WELL AS THE RECOMMENDED COURSE OF TREATMENT. YOU WILL BE GIVEN ANY ESTIMATE OF FEES AT THAT TIME. NO MAJOR TREATMENT OR SURGERIES WILL BE PERFORMED WITHOUT YOUR CONSENT UNLESS THE DOCTOR CONSIDERS THE CONDITION TO BE LIFE-THREATENING. AT THE DOCTOR'S DISCRETION, VACCINES WILL BE GIVEN IF THE PET'S VACCINATION STATUS IS NOT CURRENT. A FEE WILL BE ASSESSED FOR TODAY'S EXAMINATION, TREATMENT, AND CAGE OCCUPANCY. YOUR PET WILL ONLY BE DISCHARGED DURING REGULAR HOSPITAL HOURS. ALL FEES ARE DUE AND PAYABLE AT THE TIME OF DISCHARGE.

I AGREE TO THESE TERMS AND WILL BE RESPONSIBLE FOR ALL FEES INCURRED.

Signature _____