



## Primary Care Service – Sick Pet Drop-Off Form

We have arranged for you to leave your pet here, to allow us to examine your pet as soon as possible today. Please understand your pet may be here all day as we are working them into our busy schedule. Please read through the following thoroughly, and answer any questions that may apply to your pet today. Please read and sign the authorization at the end of this form.

Name of Pet: \_\_\_\_\_ Owner: \_\_\_\_\_

What are we seeing your pet for today? \_\_\_\_\_

My pet is lethargic \_\_\_\_ My pet is has not eaten since \_\_\_\_\_ My pet started vomiting \_\_\_\_\_

My pet seems constipated \_\_\_\_ My pet started having diarrhea \_\_\_\_\_

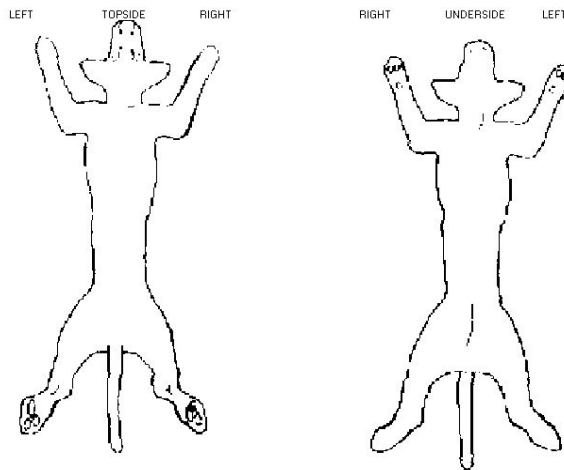
Has your pet had access to foods other than recommended pet food? \_\_\_\_\_

My pet has lost or gained weight. \_\_\_\_\_

My pet is lame, or sore, or has been injured. \_\_\_\_\_

I think his/her \_\_\_\_\_ is bothering him/her. This started \_\_\_\_\_

Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem. Please note any problem areas/ wounds/ sores below.



TOTAL NUMBER OF GROWTHS/LUMPS \_\_\_\_\_

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable.

I would like to be contacted after my pet has been examined to discuss recommended diagnostics, treatment, and will have an initial estimate of charges. \_\_\_\_\_

**OR**

I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. \_\_\_\_\_

We may need to sedate a patient for radiographs can vary from \$45-80. Approve \_\_\_\_ Call 1st \_\_\_\_

Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications to be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

-->Any animal found to have fleas or ticks, will be treated in office to prevent transmission to other animals at your expense.

At Echo Ridge Veterinary Hospital, your pet's health, safety, and comfort are our primary goals. Echo Ridge Veterinary Hospital provides the highest quality of medical and surgical services, and we will do everything possible to reduce any risks. I understand there are risks when an animal is sick and during surgery; I will not hold any veterinarian, team member, or Echo Ridge Veterinary Hospital liable for any complications that may arise.

I understand the nature and purpose of the procedure(s), risks involved, and possible complications that could arise. I understand that there are no assurances of the outcome of said procedure(s). I understand that while Echo Ridge Veterinary Hospital practices quality veterinary medicine, NO procedure or hospitalization is without medical risk. No guarantees can be made legally or ethically to me if something were to go wrong.

SHOULD FOR ANY REASON MY PET NEED ADDITIONAL CARE DUE TO UNKNOWN ILLNESS OR EMERGENCY AND CPR IS NECESSARY:

\_\_\_\_\_ **YES DO WHAT IS NECESSARY**- Should an emergency arise calling for procedures in addition to, or different from those stated above, that such procedures will be performed. I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

\_\_\_\_\_ **DO NOT RESUSCITATE** - ONLY MAKE MY PET COMFORTABLE UNTIL SPEAKING WITH ME OR MY EMERGENCY CONTACT

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

I can be reached at \_\_\_\_\_ Alternate contact \_\_\_\_\_