

Account # _____
Weight _____



25190 STATE ROAD 2
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574-234-3098
INFO@WESTERNVET.COM

PATIENT DROP OFF FORM

Your Name _____ Home Phone Number _____

Number where we can reach you today _____ Time we can reach you at this number _____

Are you the: Owner Son Daughter Friend Legal Guardian Other _____

Patient Name _____ Why are we seeing your pet today? _____

Please check all of the symptoms that your pet has:

- | | | | |
|---|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Increase in water intake | <input type="checkbox"/> Watery eyes | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Decrease in water intake | <input type="checkbox"/> Depressed | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Constipated | <input type="checkbox"/> Increase in appetite | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Decrease in appetite | <input type="checkbox"/> Coughing | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Panting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Limping | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Odor | <input type="checkbox"/> Hair loss |
- Pain (where?) _____
- Growths (where?) _____
- Change in behavior (describe) _____

How long has your pet had these symptoms? _____

Is your pet on any medication? Yes No

If yes, what medication and why? _____

What type, brand, and approximate amount of food are you currently feeding?

Canned _____ Dry _____

Other (Human, etc...) _____

What has your pet eaten in the last 48 hours? _____

I authorize Western Veterinary Clinic to perform the following (before notifying me):

- Physical Exam Bloodwork X-rays Urinalysis Ultrasound
- Other treatment _____
- I authorize sedation if needed for my pet .

I authorize a maximum expenditure of \$ _____ before the veterinarian consults me.

Owner's Signature _____

Date _____