Account # ___________

Weight ____________

25190 State Road 2
South Bend, IN 46619
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** ________

**Updates via SMS Text Message** *(standard carrier rates apply)* ❑ Yes Cell 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:**

❑ No problems recognized at this time.

| | | | |
|---|---|---|---|
| ❑ Straining to urinate | ❑ Increase in water intake | ❑ Watery eyes | ❑ Shaking Head |
| ❑ Frequent urination | ❑ Decrease in water intake | ❑ Depressed | ❑ Lethargic |
| ❑ Constipated | ❑ Increase in appetite | ❑ Scratching | ❑ Weakness |
| ❑ Diarrhea | ❑ Decrease in appetite | ❑ Coughing | ❑ Restless |
| ❑ Vomiting | ❑ Weight loss | ❑ Panting | ❑ Seizures |
| ❑ Limping | ❑ Weight gain | ❑ Odor | ❑ 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** ______________