Patient Drop-Off Exam History

Acct #:________________

Date: ____________________ Doctor: ____

Owner's Name (Last, First):____

Emergency Contact Number: ____

Pet's Name: _________________________________ Weight: ____________________

Person to contact if more information is needed? ___________________________________

Why are we seeing your pet? (Please be specific. If a lump or area of the body is to be examined, be sure to show the receptionist or technician exactly where it is.) _______________

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When did you first notice the problem? ____

Have there been any changes since you first noticed the problem? (Getting Better? Worse?)

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Has this been a recurrent problem? ____
Last episode? ____

Is your pet (circle as appropriate) :

EATING	Yes – Normally	Yes – A little less than normal	Yes – A LOT less than normal	No – Not eating at all
DRINKING	Yes - Normally	Yes – More than Normal	Yes – Less than Normal	No – Not drinking at all

VOMITING: NO / If yes, how often, large or small amounts, is food present, is it fluid only?

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DIARRHEA: NO / If yes, how often, large or small amounts, is there urgency, any accidents in the house? ____

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COUGHING: NO / YES (what does it sound like?) ___________________________________

SNEEZING: NO / YES (How often, is it in a series, any noted triggers?) ________________

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MEDICATION: List any medication your pet is taking, including over the counter medication such as aspirin. ____

The office visit charge at this hospital is $45.00. Animals dropped off for examination will be looked at between 9:00 AM and 5:30 PM, unless you have requested a specific doctor. There is always the likelihood that further testing will be required to fully answer the questions you have about your pet. In most cases, a discharge time will be established for your pet which will enable you to talk to the veterinarian and ask any questions you may have. Bethany Animal Hospital does not offer 24 hour care.

- o Contact me before running any tests or beginning therapy.
- o This patient is from a rescue. Please contact them first before running tests or beginning therapy.

I authorize testing that the doctor may deem necessary up to:

- ☐ $163.40 for the Superchem/CBC Panel
- ☐ $202.30 - $209.34 for the Comprehensive Panel
- ☐ Urinalysis $62.12
- ☐ Radiographs (X-rays) up to $130.50
- ☐ I authorize tranquilization of my pet if the doctor deems it necessary to fully evaluate my pet. Between $75.00 and $175.00.

X: ____ ____________________

Signature of Owner/Agent/Foster Date

Discharge Time (Doctor Release) : ________________________________