

**Upper Keys Veterinary Hospital
Drop-Off History Form**

Owner: _____
Patient: _____

Phone #: _____
Date: _____

In order to help us better evaluate and diagnose your pet, please take a few minutes to fill out this brief historical information below.

Reason for drop off: _____

When did your pet eat last? _____

Diet: What do you feed your pet (brand & type)? _____
How much do you feed? Unlimited or Measured: ___ cups ___ times a day, ___ cans ___ times a day

Preventatives: Does your pet take heartworm prevention year round? Yes (type _____) No

Is your pet on flea/tick prevention? Yes (type _____) No

Environment: My pet lives indoors only, outdoors only, indoors & outdoors.
Does your pet board, get groomed, go to dog parks, show or training classes? Yes No

Is your pet on any medications?: _____ **Last Dose?** _____

Please list any chronic medical conditions (i.e. heart murmur, seizures,): _____

Please list any known drug or vaccine reactions: _____

Has your pet exhibited any of the following?

Vomiting? Yes No If yes, please describe what the pet is vomiting(i.e. color & material), the frequency, hacking or gagging, and anything unusual your pet has eaten or swallowed? _____

Diarrhea? Yes No If yes, please describe color & material (consistency - is mucous or blood present) frequency (any straining), & anything unusual your pet has eaten (or any unusual stresses): _____

Change in appetite? Yes (eating ___ more or ___ less) No

Change in drinking? Yes (drinking ___ more or ___ less) No

Change in urination? Yes (urinating ___ more or ___ less) No

Sneezing? Yes No If yes, please describe frequency & any nasal or ocular discharge: _____

Coughing? Yes No If yes, please describe the frequency & character of cough (any material produced): _____

Change in weight? Yes (weight ___ gain or ___ loss) No
Were you trying to change the weight? Yes No

Limping /stiffness? Yes No If yes, please describe: _____

Skin or ear problems – itchy/shaking head? Yes No If yes, please describe: _____

New lumps/bumps? Yes No If yes, please describe location: _____

Any change in behavior or attitude (i.e. lethargy or aggression)? Yes No If yes, please describe: _____

Do you have any other concerns today? _____

**Upper Keys Veterinary Hospital
Medical Release Form**

Patient: _____ **Weight:** _____

I am the owner of the above named animal or am responsible for the animal and have authority to execute this consent. I hereby authorize the performance of the following procedures.

Do you have any special requests today? Update Vaccinations Heartworm Test
 Heartworm/Lyme/Ehrlichia Combo Test Felv/Fiv Test (feline) Anal Gland Expression Fecal Test Microchip
 Ear Cleaning Nail Trim Bath (done in AM only) Clip Mats Other _____

I understand that during the performance of a procedure, unforeseen conditions may be revealed, and it may be necessary that additional services be completed. The hospital will make every effort to consult me before any necessary changes. In addition, I agree to be responsible for the payment of charges for procedures, treatments and testing in full at the time of discharge.

I understand that all pets admitted to the hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner's expense.

Should an **emergency** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for pet. Therefore, I consent to and authorize procedures performed for and to my pet during the duration of my pet's visit.

Owner's Signature: _____ **Date:** _____

Number where I can be reached during the day: _____