



DROP OFF EXAM/AUTHORIZATION FOR TREATMENT FORM

Owner/Patient name: _____

Contact Phone number: _____

We have arranged for you to leave your pet here to allow a doctor to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

Medications my pet is currently receiving:

My pet is due for his/her annual wellness visit and I have no concerns _____

My pet is currently not feeling well/having a medical issue _____

Everything was okay with my pet

until: _____

Since then,

My pet is lethargic: _____

Check each relevant item:

Water intake has: decreased _____, increased _____, unchanged _____

Urinations are: decreased _____, increased _____, unchanged _____

Color (yellow/red/brown/clear) _____

My pet has not eaten since: _____

My pet started vomiting: _____

What color? _____

What substance? _____

My pet last vomited: _____

My pet has normal stools: _____

My pet seems constipated: _____

My pet started having diarrhea: _____

(see other side)

What color? _____

What consistency? _____

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 _____. It has worsened _____ or, improved some _____.
This has never _____, or has recently _____ happened, or is a long time (chronic) problem _____.
Please describe in your own words what seems to be the problem.

Please choose among the following options:

I authorize Welleby Veterinary Hospital to start diagnostics and treatment on my pet as soon as possible up to the following amount \$_____. Welleby Veterinary Hospital will choose pain management, if necessary, before any other diagnostics or treatments. The doctor will call me as soon as reasonably possible with results of any diagnostics and a continued treatment plan. I understand that authorization for further treatment incurs further costs and that all payment is due upon my pet being discharged from the hospital. Welleby Veterinary Hospital will keep me apprised of all costs.

Owner/Agent signature

Date

OR

I authorize Welleby Veterinary Hospital to perform an examination only (\$50.00). I am aware that diagnostics and treatments will only be started after the doctor has contacted me about the results of the exam and provided me with a plan and estimate of the costs. I understand this may result in delays in treatment.

Owner/Agent signature

Date
