



## DROP OFF INTAKE FORM

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Duration of concern: \_\_\_\_\_

What medications is your pet on? \_\_\_\_\_

Last Given: \_\_\_\_\_

Heartworm Prevention? Yes No

Flea/Tick Prevention? Yes No

### Please Circle the Appropriate Answer

<b>Appetite</b>	Normal	Decreased	Increased
<b>Water Consumption</b>	Normal	Decreased	Increased
<b>Urination</b>	Normal	Decreased	Increased
<b>Attitude</b>	Normal	Decreased	Increased
<b>Vomiting</b>	Yes	No	
<b>Diarrhea</b>	Yes	No	
<b>Coughing</b>	Yes	No	
<b>Sneezing</b>	Yes	No	

### Please Initial One:

\_\_\_\_\_ Perform the exam first, then attempt to call me at the phone number below. If you are unable to reach me, do NOT proceed with the doctor recommendations. I understand this may delay treatment for my pet.

\_\_\_\_\_ Perform the exam first, then please perform the diagnostics/treatments the doctor recommends up to an amount of \$ \_\_\_\_\_

I hereby authorize the doctors of Welleby Veterinary Hospital to perform the requested procedures. In the event of an emergency, I authorize the doctors and staff to perform any lifesaving procedures deemed necessary.

Name of Person to Contact: \_\_\_\_\_

Phone number where you can be REACHED: \_\_\_\_\_

Signature: \_\_\_\_\_