

Wallburg Animal Hospital Drop-Off Form: Wellness and Illness Date: _____

Why is your pet here today? **Please circle and write in any history you can provide:**

Yearly Physical Exam Laboratory Work Vomiting Diarrhea Urinary Problems? Coughing?

Ear Problem (left or right) Eye Problem (left or right)

Skin Problems: Itching Red Skin Fleas Skin Sores Hair Loss

Lumps-location: _____ Limping-location: _____

Other: _____

Description of problem and how long has it been going on?

Is your pet eating? Yes or No When did he/she last eat? _____

What is the normal diet? Dry Food Can Food Table Food Treats Brand _____

Any change in the diet over the last week? _____

Any Vomiting? Yes or No When did he/she last vomit? _____

Any Diarrhea? Yes or No Any visible worms, blood or mucous noted in it? _____

Drinking Water? Normal Amount Less Amount Excessive Amount _____

Is your pet acting normal and active or Lethargic or Depressed?

Is your pet Urinating Normal? Abnormal-explain: _____

For limping or injured pets-do you know a cause? _____

Have you given any medications to try and help the problem? If so, what and how much?

Please list all medications given, including over the counter meds, vitamins, and supplements

Often testing is needed to diagnose a problem and treatment cannot be initiated without these tests. These tests may include fecal exams for diarrhea, ear swabbing for ear infections, and possible skin scrapings for skin problems. The costs of these laboratory tests can range from \$18- \$100. More extensive testing such as blood work and radiographs (x-rays) will not be done without your permission. However, by checking below, you can pre-approve testing so our staff does not have to attempt to reach you at work to get approval for them.

Cost for in house blood work ranges from \$70 to \$215 and x-rays \$179.

_____ Please do bloodwork if needed. _____ Call me first before blood work is performed

_____ Please do x-rays if needed. _____ Call me first before x-rays are taken.

Drop off authorization form:

Pet's Name _____ Owner's name (please print) _____

Phone Numbers where you can be reached today _____

(please list phone numbers that will allow us to contact you right away)

Payment in full is required at the time services are rendered. Please indicate method of payment today:

Cash _____ Check _____ Visa, Mastercard, American Express, Discover _____

Before any pet can be hospitalized or boarded, they must be current in vaccination status (per hospital policy) and be **free of fleas, ticks and other external parasites**. We reserve the right to satisfy these requirements, at the owner's expense. We reserve the right to require a deposit to be left before medical or surgical care will be performed. If your pet needs medical care while boarding, you will be responsible for the additional charges. I understand this is **Not** a 24 hour facility and the business is not staffed during closed hours of operation.

The hospital hours are **Monday-Friday 7:30am-6:00pm and Saturday 8-10am for boarding only**.

I understand I must pick up my pet during the above listed hospital hours.

I have read and understand the statements above and by my signature, **I agree to the hospital policies:**

Owner's Signature _____