

Shelter Island Veterinary Hospital

Drop Off Form

Please provide the following information so we can be certain that we understand your pet's needs, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name _____ Date _____

Pet's Name _____

Is address & phone number on record still current? Yes () No ()

New Address/Ph # _____

Phone number where you can be reached today _____

Alternate Phone Number _____

Is your pet sick? Yes () No () Problem: _____

Has pet been treated for same condition recently? Yes () No ()

What: _____

Medications: _____ Last Given: _____

Current diet _____ No. feedings per day _____ How Much? _____

Diet supplement given: _____

Is the pet currently on Heartworm Prevention Yes () No () Type: _____

History:

Any injury or accident in the past 30 days? Yes () No ()

What happened: _____

Had surgery in the past 30 days? Yes () No ()

What: _____

Currently on any medications? Yes () No () What: _____

Allergic to any medications? Yes () No () What: _____

Appetite normal? Yes () No () How Long? _____

Vomiting? Yes () No () How Long? _____

Diarrhea? Yes () No () How Long? _____

Listless? Yes () No () How Long? _____

Drinking more or less water than usual? Yes () No () How Long? _____

Urinating more than usual? Yes () No () How Long? _____

Weakness? Yes () No () How Long? _____

Coughing? Yes () No () How Long? _____

Sneezing? Yes () No () How Long? _____

Gagging? Yes () No () How Long? _____

Scratching? Yes () No () Where: _____ How Long? _____

Flea Control? Yes () No () Type: _____

Shaking head? Yes () No () How Long? _____

Limping? Yes () No () Which Leg? _____ How Long? _____

Scotting? Yes () No () How Long? _____

History of seizures? Yes () No () How Long? _____

Unusual lumps or bumps? Yes () No () How Long? _____

Bad Breath? Yes () No () How Long? _____

Weight Loss or Gain? Yes () No () How Long? _____
Unusual Discharge? Yes () No () Where? _____ How Long? _____
Behavioral Changes? Yes () No () What Kind? _____

Tests and Services Requested For Your Pet Today

Vaccinations:

Dogs: DA2P + Parvo () Cats: FVRCP ()
Bordetella Bronchitis () FELV ()
Corona Virus () FIP()
Rabies () Rabies ()
Heartworm Test Yes () No() FELV/FIV test Yes () No ()

Internal Parasite Exam Yes () No ()
Deworm if needed Yes () No ()
Bath/Dip Yes () No ()
Anything Else we need to know? Yes () No ()

Some pets require sedation for adequate physical exam and/or treatments.
May we sedate your pet if necessary? Yes () No () Call First ()

After examination by the Doctor, may we proceed with tests and/or treatments?
Yes () Not to exceed (\$) _____
Call First ()
Comments: _____

Call the office by 11:00 am to check on progress if we have not contacted you.

Consent for Treatment and/or Admission

I, the undersigned owner/agent of _____, consent to the examination of this pet by staff veterinarians at Shelter Island Veterinary Hospital. I also agree that after a consultation with me, the hospital's doctor(s) may prescribe medication, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before beginning the procedure. Should unexpected life-saving emergency care be required and the veterinarian or staff member is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay all fees incurred.

I understand that an estimate of fees for all veterinary services can be provided to me and that I am encouraged to discuss all fees related to the care before services are rendered and during my pet's ongoing medical treatment. I understand that payment is due at the time of discharge. In some cases a deposit may be required.

Signature of Owner / Agent

Date