

Rutland Animal Hospital Patient Drop off Form

CANINE

PETS NAME: _____

Owners Name: _____

Contact Number: _____

Secondary Contact Number: _____

REASON FOR VISIT: _____

The vaccines/treatments that your pet is due for are highlighted. Please check which options you elect.

The annual wellness exam is applicable with all vaccines.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> DHPP | <input type="checkbox"/> ANNUAL WELLNESS EXAM | <i>Additional Services</i> |
| <input type="checkbox"/> RABIES | <input type="checkbox"/> HEARTWORM CHECK | <input type="checkbox"/> NAIL TRIM |
| <input type="checkbox"/> BORDETELLA | <input type="checkbox"/> FECAL (STOOL SAMPLE) | <input type="checkbox"/> KENNEL BATH |
| <input type="checkbox"/> LYME | <input type="checkbox"/> ANNUAL BLOOD CHECK | <input type="checkbox"/> EXPRESS ANAL GLANDS |
| <input type="checkbox"/> LEPTO | | |

Please check all that applies to your pet's current condition

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Breathing hard | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Unable to defecate |
| <input type="checkbox"/> Decrease Appetite | <input type="checkbox"/> Increase Appetite | <input type="checkbox"/> Increase Thirst | <input type="checkbox"/> Decrease Thirst | <input type="checkbox"/> Ingested Foreign Substance |
| <input type="checkbox"/> Increase Urine | <input type="checkbox"/> Decrease Urine | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Limb Issues |
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Itchy Skin | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Coughing |

Duration of your pet's symptoms? _____

Additional Information: _____

I hereby authorize the veterinarian and Rutland Animal Hospital to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit of 50% is required for surgical and/or in-hospital treatments. As the owner/authorized agent for the above patient. I give consent for Mechanicsville Animal and maintain anesthesia if deemed necessary. I understand and accept that there is a risk associated with any type of anesthetic procedure

SIGNATURE OF OWNER: _____ DATE _____