



BIRKDALE
Animal Hospital

Patient Drop-Off

We have arranged for you to leave your pet here, to allow our doctors to examine your pet. Please read through the following questions, and answer any that may apply to your pet today.

Everything was okay with my pet until _____. Since then, _____

My pet is lethargic

Water intake has decreased increased unchanged

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.

What color? _____

What consistency? _____

Has your pet had access to foods other than recommended pet food? _____

My pet has lost gained weight.

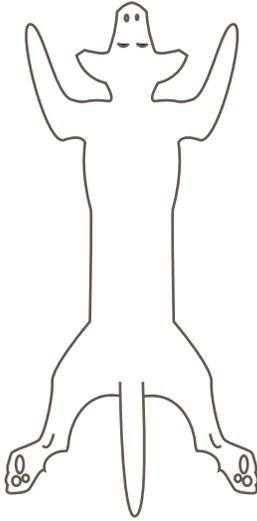
My pet is lame, or sore, or has been injured.

I think his/her _____ is bothering him/her.

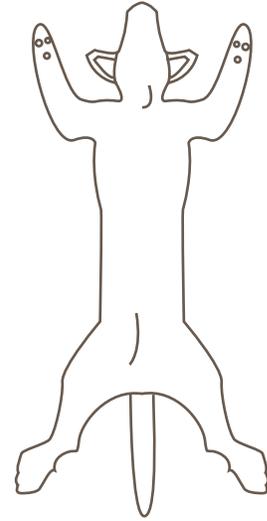
This started _____. It has worsened, or improved some.

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 and circle the body part on the diagram that you think is the problem.



Topside



Bottomside

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Birkdale Animal Hospital will contact me after my pet has been examined to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at _____.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: _____

Date: _____

Phone: 704-655-0202

Fax: 704-655-0333

Email: birkdaleanimal@bellsouth.com

www.birkdaleanimalhospital.com

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