

SUNSET ANIMAL HOSPITAL



DROP OFF EXAM / CHECK IN

Owner's Name: _____ Pet's Name: _____

Reason for Visit: _____

How long has problem been going on? _____ Has it happened before? _____

If so, when? _____ Has your pet's diet changed? _____

Have you noticed changes in any of the following? (Please circle where relevant)

Drinking:	Increased	Decreased	Same
Appetite:	Increased	Decreased	Same
Urination:	Increased	Decreased	Same
Bowel movements:	Increased	Decreased	Same
Physical Activity:	Increased	Decreased	Same

Is there any past history we should be aware of? _____

Have there been any prior reactions to medications? _____

How can you be reached today? Phone: _____ Until: _____

Phone: _____ Until: _____

If your pet has not been neutered or spayed, and he or she needs to be under general anaesthesia for treatment today, we can neuter or spay your pet at a lower cost (if time and scheduling permits).

If relevant, would you like your pet to be neutered or spayed? _____

I HEREBY AUTHORIZE SUNSET ANIMAL HOSPITAL AND ITS DESIGNATED ASSOCIATES AND ASSISTANTS TO TREAT, ANAESTHETIZE, PRESCRIBE MEDICATION FOR OR PERFORM SPECIFIED DIAGNOSTIC TESTS OR SURGERY UPON MY ANIMAL. I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED. I UNDERSTAND THE RISKS OF ANESTHESIA AND RELEASE SUNSET ANIMAL HOSPITAL AND ITS EMPLOYEES FROM ANY LIABILITY.

In the event of an Emergency (i.e. Cardiac Arrest) I would like Life Saving procedures to be performed on my pet (e.g. CPR) and take financial responsibility. Please initial one of the following - Yes _____ No _____

CLIENT'S SIGNATURE

DATE

SIGNED: _____

DATE: _____

STAFF USE

CLIENT ID#