

Lake Square Animal Hospital

Drop-off form

Pet's Name: _____ Last Name: _____

Problem: Lethargic ___ Vomiting ___ Diarrhea ___ Excessive Eating/Drinking ___
Limping ___ Itching ___ Crying ___ Loss of Appetite ___

Explain condition/symptoms:

How long have these symptoms persisted? _____

What time did your pet last eat? _____ (am/pm) What type of food? _____

What time did your pet take last medications if any?

Name of medication:	Time: am/pm
_____	_____
_____	_____
_____	_____
_____	_____

If your pet's vaccination(s) are due, do we have your permission to update them during this visit? _____

Treatment Authorization

Please choose on of the following

(initial) I authorize any and all diagnostics/treatments the doctor deems necessary

(initial) I authorize diagnostics/treatments up to the amount of \$ _____

(initial) Please call me before performing any diagnostics/treatments. Best time to call you _____

Owner's Signature: _____ Date: _____

Print Name: _____

Home: _____ Cell: _____ Work: _____

Emergency contact: _____ Phone: _____