



DROP-OFF FORM

Please complete as much as possible, and sign below. (Continue any further details on the back of the form if needed)

Your Details: Surname: _____ First Name: _____

Address: _____

Today's phone no's: Home: _____ Work: _____ Mobile: _____

Pet's Details: Name: _____ Age: _____ Sex: M/F Neutered: Yes/No

What is your pet's problem today? _____

How long has your pet been unwell? _____

Please indicate any symptoms seen and provide details:

Vomitting? Y N If yes, then how often? _____ food?/bile?/liquid?

Diarrhoea? Y N If yes, how often? _____ Any blood in stools? Y N

Pain? Y N If yes, where? _____

Excessive thirst? Y N If yes, for how long? _____

Wounds? Y N If yes, where and how many? _____

Any Change in appetite? Y N If yes, provide details _____

Sneezing? Y N Discharge from eyes? Y N

Coughing? Y N If yes, for how long? _____

Limping? Y N If yes, which leg? _____

What does your pet usually eat? _____

Is your pet on any medication? _____

Are your pet's vaccinations up to date? Y N If No, would you like us to vaccinate today? Y N

Consent for Anaesthesia and Treatment:

I hereby give permission for the administration of an anaesthetic, sedative, and/or pain medication to the above-mentioned animal and to treatment and/or any necessary surgical operation or procedure which in the opinion of the responsible veterinary surgeon might prove necessary. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I authorise the clinic to treat my animal as required, and understand that they will attempt to advise me before any such procedure is undertaken. However in the event the veterinary surgery cannot reach me, I agree to them beginning treatment as needed. I agree to pay the full fee at the time of discharge.

► Signature of Owner: _____ Date: _____