

Larkspur Cat Clinic

Drop Off Information

Client Name <last-name> <contact> Date <date> Client # <number>

Pet's Name <animal> Weight <weight>

We would be happy to examine and treat <animal> as a drop off patient. Please provide us with as much information as you can in order to help the doctor create a treatment plan for <animal>.

When was your pet's last meal? _____ What did she/he eat? _____

What medications, if any, has <animal> received in the last 24 hours.

Name of medication	Amount given	What time

Please check off the problems <animal> is having, and detail any pertinent history leading up to the current condition, and any previous major medical problems.

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Decreased thirst | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Increased urine output | <input type="checkbox"/> Decreased urine output | <input type="checkbox"/> Urinating out of box |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Defecating out of box |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Increased activity | <input type="checkbox"/> Decreased activity | <input type="checkbox"/> Skin problem |
| <input type="checkbox"/> Wound | <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Unable to urinate | <input type="checkbox"/> Unable to defecate |

Please List **ALL phone numbers** that we can reach you at **today**.

The undersigned hereby warrants that they are the owner or authorized agent for the cat listed in this record and does consent and authorize Larkspur Cat Clinic to care for and treat said cat. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my cat until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my cat. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my cat. I understand I will be responsible for all charges incurred at checkout. I understand that I will be expected to pay for services at the time of each visit. I further agree to pay all finance charges, collection costs, attorney fees, and other costs that may be incurred to enforce collection on any amounts outstanding. I release forever the doctors, staff, agents and/ or representatives of Larkspur Cat Clinic from any and all liability associated with treatments, procedures or surgeries performed there.

Authorized Signature: _____ **Date:** _____