HEBRON CAT HOSPITAL & Toy Dogs

Drop-Off Information

Client Name: _____

Pet's Name: _____
What is the best telephone number(s) where you can be reached all day:

_____

_____
Has your pet been seen by us before? [ ] Yes [ ] No (if not, please submit a New Client Form)
What is the main reason for your visit today?

_____

_____
When was your pet's last meal? _____
What did he/she eat? _____
What medications (if any) has your pet received in the last 24 hours?

Name of medication:_____

Amount given_____

Time _____am/pm
Is your pet sensitive or allergic to any medications or food
[ ] yes [ ] no (please list)

_____

_____
What vaccinations, if needed, would you like us to give your pet today?
[ ] PureVax Rabies (Feline)
[ ] PureVax RCP Feline upper respiratory Vaccine
[ ] PureVax Feline Leukemia (FeLv)
[ ] Canine Rabies
[ ] Canine Distemper combo
[ ] Canine Leptospirosis Vaccine
[ ] Canine Bordetella Vaccine (needed for boarding facilities and grooming)

Drop-Off Information

Does your pet need any Heartworm or Flea Control products? (please specify type/amount)

_____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems:

_____

_____

Would you like us to: (check only one)
[ ] treat your pet after examination?
-OR-
[ ] call you with the findings of the examination and an estimate of treatment cost prior to our treating your pet?

* *Please note* that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to starting any treatments.

In the event that my companion animal arrests while hospitalized at Hebron Cat Hospital, I authorize CPR code (please initial your choice):

	DNR	No resuscitation
	CPR	Normal CPR involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED
In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Hebron Cat Hospital, their support staff, to administer such treatment(s) and/or perform such diagnostic or surgical procedures as deemed necessary.

Signed: _____ Date: _____