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Early Drop-Off Treatment Form

In order to accommodate your work schedule and your pet’s health needs, the hospital accepts patients left with us (“dropped off”). *PLEASE CALL FIRST* whenever possible. Fill out this form and leave it with the receptionist or nurse at the time you leave your pet. Please leave numbers where we can reach you easily. We will call after the doctor has performed an initial evaluation. The doctor may have a diagnosis, a recommendation, or suggest additional tests.

Your Name: _____ **Patient’s Name:** _____

Best phone numbers to reach you with today: **First:** _____ Work Cell
 Home

Second: _____ Work Cell
 Home

Please identify all concerns that you have about your pet today. When possible, please describe when you first noticed the problem, how often it occurs, whether it has occurred before, and any other details that you can provide:

Appetite Loss _____

Weight Loss _____

Lethargy _____

Vomiting and/or Diarrhea _____

Blood in Stool _____

Coughing and/or Sneezing _____

Increased Drinking or Urination _____

Difficulty Urinating or Blood in Urine _____

Difficulty Defecating or Constipated _____

Infection: Eye? Ear? Paw?
Nose? Mouth? Other? _____

Limping or dragging Paw _____

Routine Exam & Vaccinations _____

Authorization for Diagnostic Procedures

Diagnostic tests are often necessary for the doctor to be able to determine your pet's condition. The doctors will only request those procedures that are absolutely needed to determine your pet's condition.

Please initial one:

_____ I authorize any diagnostics the doctor deems appropriate.

_____ I require an estimate after the physical exam, prior to any diagnostic tests.

Consent to Treatment

I am the owner, or representative of the owner, of the animal presented and have the authority to sign the consent to treatment form. As owner (or agent) over 18 years of age, I authorize Intermountain Pet Hospital to treat my pet for the condition described above.

** Note: You will be required to sign the form electronically when you come into the clinic.*