

Drop-Off Information Sheet

(Please fill out the below information, print a copy, and bring with your pet when you drop them off at Magrane Pet Medical Center)

Your Name: _____

Pet's Name: _____

What's wrong with your pet, (please describe as best you can)

Is your pet currently showing any of the following signs? (please check all appropriate signs)

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Unsteady gait	<input type="checkbox"/> Lack of energy	<input type="checkbox"/> Pain
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Limping	<input type="checkbox"/> Weakness	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Coughing	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Weakness
<input type="checkbox"/> Excessive Drinking	<input type="checkbox"/> Increased Urination	<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Scratching

Any additional information?: _____

Is your pet on any medication(s) now? yes no

If "yes," please specify: _____

Any known reactions to medication or vaccinations? Yes No

At what phone number can you be reached? _____

Do you authorize us to do more than an initial exam? Yes No

May we start diagnostic tests or xrays? Yes No

May we start treating the problem? Yes No

Is there a strict limit on dollars to be spent? _____

(unless emergency treatment is required, we intend to thoroughly discuss any involved procedures and/or extensive costs with you before proceeding)

I certify that I own the above described animal and I do hereby consent and authorize the Magrane Pet Medical Center, and its staff to hospitalize my pet, and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety, or well-being of the above animal while it is under their care and supervision.

Signature: _____

Date: _____