

Scottsdale Veterinary Clinic Drop Off Form

Date: _____

Client Name: _____ Home Phone: _____
Address: _____
Number where you can be reached today: _____
Emergency Contact and Number: _____

Are you the
Owner () Son/Daughter () Friend () Legal Guardian () Other ()

Pet Name: _____ Species: _____ Age: _____

Please check all symptoms that apply to your pet.

- Straining to urinate () Watery Eyes () Constipation () Weakness ()
- Diarrhea () Shaking head () Decrease in water intake () Gagging ()
- Weight loss () Lethargic () Increase in water intake () Scooting ()
- Weight Gain () Depressed () Increase in appetite () Difficulty Breathing ()
- Frequent urination () Scratching () Decrease in appetite () Odor ()
- Coughing () Restlessness () Vomiting ()
- Seizures () Panting () Discharge () Where? _____ Color? _____
- Limping () Hair Loss () Change in Behavior () How: _____
- Pain () Where? _____
- Growths () Where? _____

Please describe in further detail any symptoms marked above, include location:

How long has _____ had these symptoms?

Is _____ on any medication or dietary supplements? ____ If so, please list medication below and why.

What type, brand and approximate amount of food are you currently feeding _____?
Canned: _____
Dry: _____
People Food: _____
What has _____ eaten in the last 48 hours?

I authorize Scottsdale Veterinary Clinic to perform the following before notifying me:
Physical Exam () Bloodwork () Urinalysis () Ultrasound () Update Vaccines () Microchip ()
Fecal Sample () X-Rays () Other Treatment () _____

I authorize sedation, if needed, for _____ () Call before Sedating ()

I authorize a maximum expenditure of \$ _____ before the veterinarian consults with me.

Authorized Signature: _____ Date: _____