

Drop-Off Appointment Form

1. Has your address, phone number, or email address changed since your last visit? **Yes No**
If yes, please provide the corrected information:

2. Reason for today's visit: _____

3. How long has this problem been present? _____

4. Has your pet been given any over the counter medications? Which ones and how much?

5. What type of food does your pet eat? _____
 How much per meal? _____

Please circle:

6. Is your pet: **indoor outdoor both**

7. Is your pet currently on heartworm prevention? **Yes No**

8. Is a flea/tick control medication used? **Yes No**

If yes, which one? _____

9. Does your pet visit a groomer/dog park/kennel? **Yes No**

10. Has your pet shown any of the following symptoms?

Vomiting	Yes No	Coughing/sneezing/gagging	Yes No
Shaking	Yes No	Scratching	Yes No
Hair loss	Yes No	Unusual lumps or bumps	Yes No
Scotting	Yes No	Bad breath	Yes No
Unusual discharge	Yes No	Diarrhea or constipation	Yes No
Stiffness or pain	Yes No	Weakness or listlessness	Yes No
Confusion or disorientation	Yes No	Decrease responsiveness	Yes No
Excessive panting	Yes No	Limping	Yes No

11. Have any of the following changed?

	Same	Increase	Decreased
Water Intake			
Appetite			
Urination			
Bowel Movements			
Weight			
Activity Level			
Sleep Pattern			

12. Is there any other information you would like to add? _____

It is required that any pet admitted to the hospital be free of fleas and ticks. If fleas or ticks are found, your pet will be treated at your expense.

I hereby authorize Veterinarians on duty and any assistants the doctors may designate to administer treatment as is considered therapeutically and/or diagnostically necessary based on findings during the course of evaluation. I consent to the administration of such medications and/or anesthetics, as are necessary and surgical procedures of an emergency nature. College Park Animal Hospital will take possession of above pet(s) unless the owner or authorized agent calls and/or pays all accrued charges within five (5) days after arranged pick-up date. I understand that this action will not release me from paying all charges and/or legal costs for collection of payment due for services rendered.

To check on the status of your pet, please call between the hours of 10 am - 7 pm M-F and 10 am - 3 pm Saturday. After these hours you will hear a recording, as we do not provide 24-hour supervision.

We will not be responsible for items left with pets. PLEASE TAKE ALL LEASHES, COLLARS, ETC. WITH YOU WHEN YOU LEAVE.

I understand that all charges must be paid in full before my pet may be released from the hospital.

WE ACCEPT CASH, PERSONAL CHECK w/ valid ID, VISA, and MASTER CARD
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNATURE: _____

PRINT Name _____

Phone number where you can be reached today: _____