



DROP OFF PREPARATION FORM

Thank you for trusting us with your pet's care. The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Today's Date: _____

Your Name: _____ Pet's Name: _____

We will need to be able to contact you or someone with permission to make medical and financial decisions.

Who should we speak with? Me; Phone: _____ OR

Name: _____; Phone _____

Reason for Visit (check all that apply):

<input type="checkbox"/> Healthy Visit <input checked="" type="checkbox"/> Vaccinations <input type="checkbox"/> Sick Visit <input type="checkbox"/> Recheck <input type="checkbox"/> Weight Management Questions	<input type="checkbox"/> Illness (describe): _____ _____ <input type="checkbox"/> Injury (describe): _____ _____ <input type="checkbox"/> Other (describe): _____ _____
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Concerns About Your Pet (check all that apply):

<input type="checkbox"/> NO CONCERNS <input type="checkbox"/> Eating Issues <input type="checkbox"/> Drinking Issues <input type="checkbox"/> Bad Breath <input type="checkbox"/> Shaking Head <input type="checkbox"/> Weight Loss <input type="checkbox"/> Weight Gain	<input type="checkbox"/> Eye Issues <input type="checkbox"/> Ear Issues <input type="checkbox"/> Excessive Sleeping <input type="checkbox"/> Itching/Scratching <input type="checkbox"/> Excessive Grooming/Licking <input type="checkbox"/> Difficulty Rising <input type="checkbox"/> Limping/Lameness	<input type="checkbox"/> Vomiting <input type="checkbox"/> Car Sickness <input type="checkbox"/> Diarrhea <input type="checkbox"/> Scooting <input type="checkbox"/> Skin Masses/Lesions <input type="checkbox"/> Urination Issues <input type="checkbox"/> Behavioral Issues	<input checked="" type="checkbox"/> Other (describe): _____ _____ _____ _____ _____
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- What do you feed your pet? _____
- When did your pet last eat (indicate am/pm and day)? _____
- Has your pet ever had any adverse reactions to medications? Yes No o If yes, describe:

- Has your pet ever had any adverse reactions to vaccines including pain? Yes No o If yes, describe:

- Is your pet currently taking any medications? Yes No o If yes, list them:

- What brand of heartworm prevention is your pet on and when did you give the last dose?

- Are any medication refills needed? Yes No o If yes, list them: _____

If Your Pet is Here for a Sick or Recheck Visit, Please Answer the Following:

- How long has your pet been sick? _____
- Have the symptoms/issues gotten better or worse since you first noticed them? _____
- Have you tried any treatments at home? Yes No
o If yes, what have you tried? (include any medications, topical treatment, diet and exercise) _____

- Has your pet had these symptoms/issues before? Yes No o If yes, when/how often? _____
- Has there been any exposure to toxins/garbage/abnormal food or treats/medications? Yes No o If yes, describe: _____

If your pet is receiving anesthesia today: please read and initial:	Initial
<p>Preanesthetic Blood panel: This is performed for every patient and is included in the estimate for every general anesthetic procedure. Some abnormal results may warrant additional testing and your medical team will contact you to discuss additional evaluation. In some instances, the anesthetic procedure may be postponed or cancelled.</p>	
<p>Pain Management: Pre-and postoperative pain medications are given as needed to every anesthetic patient. If determined to be medically indicated, pain medication to go home for your pet may also be recommended and additional charges will apply.</p>	

Additional Questions for All Visits

- Is there anything else you would like to discuss with the doctor today? _____
- Have you or your pet had any exposure to any person positive for COVID 19 or are you or your pet showing any signs or symptoms of COVID 19? Yes No o If yes, describe: _____

Would like your pet to receive any additional services? Note: Additional charges will apply	Yes	No
Heartworm Prevention		

Flea and Tick Prevention		
Microchip		
Nail Trim		
Express Anal Glands		
Other (describe): _____ _____		

Authorization to Perform Surgical Procedure and/or Treatments

I, the undersigned owner, or owner's agent, of the pet mentioned above hereby authorize the doctors at Zebulon Animal Hospital to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and/or surgery, and that I am encouraged to discuss any concerns about those risks with the attending veterinarian before the procedure(s) is/are initiated. I understand that Zebulon Animal Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended. I understand that I have the option to transport my animal to an overnight/24-hour facility if I so desire.

 Owner/Responsible Party Signature Date