

CANYON VIEW ANIMAL HOSPITAL DROP-OFF FORM

Date: _____

Give **phone number and time** that you can be reached _____

Name of pet: _____

Describe the type of problem your pet is having: _____

How long has condition been present? _____

Has your pet's activity level changed (lethargic)? _____

Has your pet ever had this condition before? _____ If yes, then describe the diagnosis and treatment _____

Did the treatment help? _____

Has there been any change in diet or change in environment in the last week, prior to the onset of the condition? _____

If yes, then what changes? _____

Has your pet eaten today? _____ If yes, when? _____

What brand and type of food does your pet eat? _____

Does the doctor have permission to perform tests? _____

Does the doctor have permission to initiate treatment before talking to you? _____

Does the doctor have permission to administer sedation, tranquilization or anesthesia if the condition warrants it? _____

Please initial _____

I HEREBY give CANYON VIEW ANIMAL HOSPITAL permission to administer medical treatment if needed. I understand that prior to surgery that I will be contacted by the doctor or her representative for permission. I understand that in the event that I cannot be contacted, then CANYON VIEW ANIMAL HOSPITAL has permission to administer medical treatment to prevent loss of life and to prevent suffering.

Signature: _____ **Date:** _____

PET INFORMATION (for new patients)

Date of Birth: _____

Date of last Vaccinations: _____

If condition warrants it, do you want your pet given his/her booster vaccinations?

Name any past illnesses or injuries: _____

Has your pet had any dental problems? _____

Has your pet had any skin problems? _____

