

**YALESVILLE VETERINARY HOSPITAL
322 CHURCH STREET
YALESVILLE, CT 06492**

DROP-OFF/ ADMITTAL FORM

CLIENT NAME: _____ **ACCOUNT #** _____
PET NAME: _____ **DATE:** _____
PHONE # _____ **CELL PHONE #** _____
REASON FOR EXAMINATION: _____
IS YOUR PET CURRENTLY ON ANY MEDICATIONS? _____
WHEN WAS THE LAST TIME DOSE WAS GIVEN? _____
ANY ALLERGIES TO MEDICATIONS: _____

****Please Read Carefully and Sign****

Please take a moment to complete this form so that we may better provide care for your pet. Your pet will be examined as soon as possible. Please understand that the priority in which drop-off patients are examined is based on the severity of their condition. Thank you.

Please answer the following:

Vomiting
Diarrhea
Loss of appetite
Increased appetite
Coughing
Sneezing
Weight loss
Increased thirst
Increased urination
Change of food
Table food
Up to date on vaccines
Access to outdoors

Duration of illness _____

Limping? **YES** _____ **NO** _____

Right front _____ Left front _____

Right rear _____ Left rear _____

Wounds? **YES** _____ **NO** _____

Location _____

AUTHORIZATION

- _____ **I DO NOT** give authorization, and prefer to be notified prior to any tests/treatments.
_____ I give permission for diagnostics (x-rays, bloodwork, etc.) or treatments recommended by the doctor.
_____ I give permission for minor surgery (abscess, wound care, etc.)
_____ I give permission for sedation/anesthesia, if necessary.

I understand that all charges must be paid in full upon discharge. An estimate will be provided for expenses anticipated to exceed \$200.00. I understand that should my pet require hospitalization, I will be required to return with a deposit equaling half of the estimate.

DATE: _____ **SIGNATURE:** _____