

Patient Drop-Off Information



Thank you for dropping off your Pet with us today! Please help us provide your Pet with the best care possible by completing the following information.

Today's Date: ____/____/____

Mrs. ____ Mr. ____ Dr. ____ Ms. ____

First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Have you been to another Banfield hospital? Yes ____ No ____ Where? _____

Additional Contact's Name: _____ Home: (____) _____ Cell: (____) _____

Authorized to treat Pet? Yes ____ No ____ Initial Here: _____

Important Health Information

Pet's Name: _____

Where can we reach you today?

Phone: (____) _____ will be there until _____ Phone: (____) _____ will be there until _____

Why did you bring your Pet in today? (Be as detailed as possible. How long, how much, when did it start, etc.?)

How is your Pet's energy level? ____ higher than normal ____ normal ____ lower than normal

Is your Pet taking any medication? ____yes ____no

If yes, what medications and when were they last given? _____

Has your Pet ever had a reaction to any medication or vaccine? ____yes ____no

If yes, what medications and when were they last given? _____

Do you need any medication refills, including flea/tick and heartworm prevention? If so, please list below:

How is your Pet's appetite? ____more than normal ____normal ____less than normal

When did your Pet eat last? ____<2 hrs. ____2-6 hrs. ____13-14 hrs. ____over 24 hrs.

Would you like to microchip your Pet today? ____yes ____no

Would you like your Pet's nails clipped? ____yes ____no If necessary, may we give a mild tranquilizer? ____yes ____no

Would you like your Pet's anal glands expressed? ____yes ____no

What time would you like to pick up your Pet? _____

Please call me before treating if my fee will be over \$_____ (if left blank, we will call if fee is over \$100)

Method of payment: (please check one) Cash ____ Check ____ Debit/Credit ____

Pet arrived with: ____carrier ____collar ____leash ____other _____

Authorization To Provide Care

I am the owner or authorized agent of the owner of the Pet listed above, hereby authorize and direct the veterinarians of Banfield, The Pet Hospital or their assistants to perform the services described above and all other procedures, diagnostics, treatments, and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my Pet. I authorize Banfield, The Pet Hospital to obtain all medical records regarding my Pet from any other Banfield, The Pet Hospital where my Pet has previously been examined or treated and to release all medical records regarding my Pet to any other Banfield hospital and to Medical Management International, Inc. and its subsidiaries. Although Banfield, The Pet Hospital will take every reasonable action to ensure the success of my Pet's procedure(s), I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. The nature and risks of any procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions I may have are answered, before I will leave my Pet or allow treatment. I understand that Banfield, The Pet Hospital staff may not be present in the hospital overnight and that portions of my visit may be recorded for educational purposes. I understand that there is no guarantee nor can one be made as to the results or cure of any therapy. I understand that the veterinarians of Banfield recommend certain vaccinations and other preventive care for my Pet, but that other persons may have different opinions about what vaccinations and other preventive care are necessary or appropriate. I understand that I have the choice to obtain additional information regarding those opinions from Banfield upon my request or I may research the different opinions about vaccinations and other preventive care myself and discuss my questions with my Banfield veterinarian. If I neglect to pick up my Pet within 7 days of the date above, Banfield is to assume that the Pet has been abandoned and Banfield is hereby authorized to make other arrangements for the Pet as Banfield may deem best. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Banfield, The Pet Hospital may add an amount to my outstanding account balance to reimburse Banfield, The Pet Hospital for the reasonable collection charge (but not including attorney's fees) imposed by the collection agency. If my Pet receives a rabies vaccination and/or microchip(s), I understand that a \$0.50 donation from each will be made to the Banfield Charitable Trust, a publicly supported non-profit corporation, unless I check this box [] . If I check the box, no donation will be made and the charge will be reduced accordingly. In the event of an emergency, or as determined by the veterinarian, it may become necessary to take my Pet outside the hospital. I authorize Banfield, The Pet Hospital to walk, or transport my Pet outside of the hospital. I understand that Banfield will take reasonable precautions to ensure the safety of my Pet while in their care.

Endorsement _____ **Date** _____

General Information:

Where was Pet acquired? friend Pet store breeder adoption agency found bred/raised

Age of Pet when acquired: <4 mo. 4-12 mo. 1-3 yrs. 3-7 yrs. over 7 yrs.

Number of Pets you've owned: 1 2-4 5-10 over 10

Does your Pet go into the wilderness? often occasionally never

Does your Pet travel outside the state? yes no

Boarding practice when away: take Pet board house/Pet sitter left alone

Is your Pet microchipped? yes no

Reason for Pet: companionship guard home work/business service

Nutritional History:

The food you feed your Pet is one of the most important factors to his/her quality of life.

Type: dry semi-moist moist people food Brand of food: _____

Treats: dental rawhide none Other: _____

How fed: free choice once a day twice a day multiple times

Coat & Skin:

Does your Pet have dry or flaky skin? yes no

Does your Pet have any fleas or other parasites that you know of? fleas lice tapeworms none

What type of flea-tick product do you use? _____ Last dose administered: _____

Eye (Ophthalmic):

Does your Pet have trouble with his or her vision? yes no

Ear (Otosopic):

Is your Pet having trouble hearing? yes no

Do your Pet's ears have a bad odor? yes no

Mouth/Nose (Oral/Nasal):

Does your Pet have bad breath? yes no

How often do you brush your Pet's teeth? never occasionally twice daily need brush/paste

Respiratory:

Does your Pet have trouble breathing? yes no

Heart (Cardiovascular):

Does your Pet ever cough, tire easily or faint? yes no

Is there any change in your Pet's energy level? yes no

Are you currently using heartworm protection? yes no

What type of heartworm product do you use? _____ Last dose administered: _____

Abdominal:

Is there any change in your Pet's appetite? yes no

Has your Pet had any abnormal stools, vomiting or excess gas? yes no

Urinary (Urogenital):

Is there any increase or abnormality in water consumption or urination? yes no

Perineal:

Does your Pet scoot or lick his or her rectal area? yes no

Have you noticed any tapeworm segments (they look like tiny rice grains)? yes no

Musculoskeletal:

Is there any lameness? yes no

Is there any pain when sitting or rising? yes no

Is there any swelling, lumps or painful areas? yes no

Neurological:

Has your Pet had any fits, seizures, head tilt or problems walking or standing? yes no

Behavioral:

Does your Pet do anything that you wish he or she didn't do? yes no

Please explain: _____