SUMTER COUNTY ANIMAL HOSPITAL

Out-Patient Drop-Off

Client ID: _____ Pet Weight: _____

Client Name: _____ Pet Name: _____

Address: _____ Pet ID: _____

_____ Breed/Color: _____

Telephone: (____) ____ - _____ Age:_____ Color:_____

My pet is being dropped off for the following reason: (Please NOTE: We require an examination with vaccines)

☐ Annual Wellness Exam ☐ Illness or Injury (Please explain below) ☐ Other (Please explain below)

_____

_____

For todays visit, has your pet shown any of following signs? (Check all that apply)

☐ Changes in activity level
☐ Coughing/Sneezing/Gagging
☐ Excessive panting
☐ Stiffness or Pain
☐ Limping
☐ Itching/Scratching
☐ Hair Loss
☐ Scooting
☐ Vomiting
☐ Diarrhea or Constipation
☐ Changes in Appetite – Increased or Decreased?
☐ Changes in urination – Increased or Decreased?
☐ Changes in thirst – Increased or Decreased?
☐ Check a growth or tumor – Please note location below

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

_____

Please list current medications, including heartworm and flea prevention: _____

_____

Do you consent to Life Saving Emergency Care (CPR) should the need arise? (Please Initial)

YES: _____ **NO:** _____

After examination, may we proceed with tests and/or treatment?

☐ Yes ☐ No ☐ Call First

PLEASE NOTE:

- It is requirement that any pet admitted into Underhill Animal Hospital be free of fleas and ticks. If fleas or ticks are found, your pet will be treated at your expense.
- Aggressive animals that require special handling may incur an additional charge.
- **Sumter County Animal Hospital will NOT be responsible for personal items left with pets. PLEASE TAKE ALL LEASHES, COLLARS, ETC WITH YOU WHEN YOU LEAVE.**

Authorization to Provide Care

I am the owner or responsible agent of above named animal and hereby authorize performance of procedures as marked above. I understand that any quotes or estimates given for services to be performed are ONLY ESTIMATES and I take full responsibility for payment of charges. Payment is due when services are rendered. It is also understood that if I do NOT pay this account as agreed that past due accounts may be referred to a collection agency.

Signature: _____ Date: _____

Contact Phone Number: _____ Secondary Phone: _____

ALL DROP OFF PATIENTS WILL READY FOR PICK UP MON-FRI 3:30-4:30

SUMTER COUNTY ANIMAL HOSPITAL

ALL DROP OFF PATIENTS WILL READY FOR PICK UP MON-FRI 3:30-4:30