SOUTHWIND
ANIMAL HOSPITAL

Patient Drop Off Form

Please take a moment to answer the following questions prior to bringing in your pet for their appointment. You can bring this form with you when you drop off your pet or send it back ahead of time. email: staff@southwindvets.com or Text: 901-881-2023. Thank you in advance.

First and last name_____Pets name_____

Please note the following: Drop offs should arrive between 7 and 8 am, we will need a phone number where you can be contacted if we have any questions, we cannot guarantee an exact pick up time for drop offs, we may try to reach you by text unless you tell us otherwise. (Standard carrier rates may apply). If you want to check on your pet feel free to call us.

Phone number where we may reach you by text today_____

Why are we seeing your pet today?

_____

_____ _____

Please check all of the symptoms that your pet has:

[ ] No concerns at this time

[ ] Sneezing	[ ] Coughing or hacking	[ ] Vomiting	[ ] Diarrhea
[ ] Increased drinking	[ ] Increased urination	[ ] Increased appetite	[ ] Increased weight gain
[ ] Decreased drinking	[ ] Decreased eating	[ ] Decreased energy	[ ] Weight loss
[ ] Watery eyes	[ ] Eye discharge	[ ] Eye crusting	[ ] Eye closure
[ ] Head tilt	[ ] Shaking head	[ ] Ear draining	[ ] Ear odor
[ ] Scratching	[ ] Chewing	[ ] Hair loss	[ ] Scabs or crusty skin
[ ] Restlessness	[ ] Weakness	[ ] Mouth odor	[ ] Panting or drooling
[ ] Crying in pain	[ ] Limping	[ ] Trouble getting up/down	[ ] Seizures
[ ] Trouble seeing	[ ] Growths	[ ] Any other change in behavior	

If you checked any of the above please explain a little bit more:

_____

_____

_____

How long have you noticed these symptoms:

_____

_____

Has it gotten worse, better or stayed the same:

_____

Have you tried anything to help it and did it help:

_____

Have there been any accidents, injuries, or reasons you feel may have happened around the time you noticed these symptoms:_____

Current medications: (please list name, dosage, frequency even if it is something we prescribed):

Do you need any refills today: _____
What food are you feeding currently:_____
How much and how often:_____
What Heartworm prevention and Flea prevention are you using currently:

Do you need a refill:_____
Has anything in your household changed in the last few weeks:

I authorize Southwind Animal Hospital to perform the following:

[ ] Physical Exam [ ] Bloodwork [ ] X-rays [ ] Urinalysis [ ] Ultrasound [ ] Fecal

[ ] Any other diagnostic treatment the vet needs

[ ] I require a text or phone call after the initial Physical Exam

[ ] I require an estimate for any diagnostics following the Physical Exam

[ ] I do not need an estimate prior to diagnostics

[ ] I authorize any diagnostics/treatment up to $---------- prior to contacting me_____

[ ] I authorize sedation if needed for my pet

I hereby authorize Southwind Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and wellbeing. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

I also authorized the hospital director and staff to provide veterinary service as required or in an emergency circumstances to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further advised by me.

I understand that I assume financial responsibility for all services rendered. I further agree in the event of non-payment to bear the cost of collection and/or court and legal fees should this be required.

Owner's Signature _____ Date _____