

Cross Winds Animal Clinic

DROP OFF EXAMINATION CONSENT FORM

Owner (First and Last Name): _____ **Pet name::** _____ **age:** _____ **breed:** _____
Number(s) where you can be reached TODAY: _____ or _____

In order to better serve you and your pet, please read and complete this for carefully

What is the nature of your pet's problem?

How long has this problem been present? _____

Is your pet acting normally? _____

If no, please describe change in activity: _____

Is your pet eating well? _____ What do you feed your pet? _____

How often do you feed your pet? _____ When did your pet last eat? _____

Is your pet drinking more or less water than usual? _____

If yes, for how long? _____

If your pet vomiting or having diarrhea? _____

If yes, please provide details (color, duration, how often, blood or mucus seen?) _____

Is your pet sneezing or coughing? _____

If yes, please provide details (duration, frequency, color of discharge, wet/dry cough) _____

Is your pet on any medications? If yes, please list medication, dosage and frequency: _____

Does your pet live mostly indoors or outdoors? _____

Please be aware that by leaving your pet, there will be a day time hospitalization fee in addition to the physical exam fee. In order to discuss your pet's problem and to provide you with an estimate for any recommended treatments or tests, it is imperative that our doctors are able to reach you easily by telephone today. If this is not possible, or if you prefer to pre-authorize test and/or treatments, for your convenience, please choose one of the following options:

_____ I do not authorize any diagnostic tests or treatments. I understand that if the doctors are unable to contact me easily today, nothing beyond the physical exam and day time hospitalization will be performed. Minimum fee of \$66.50.

_____ I authorize initial diagnostic tests and/or treatments up to the amount of:
_____ \$150.00 _____ \$300.00 _____ \$ _____

_____ I authorize initial diagnostic tests and/or treatments up to any amount.

Client Signature

Date