

Colma Animal Hospital-Pet Drop Off Information Sheet

Name: _____ Date _____ Pets Name _____ Pets Age _____

Daytime Phone # _____ Evening Phone # _____

Address: _____ City: _____ Zip: _____

Why is your pet here today? _____

How long has this problem existed _____ Hrs _____ Days _____ Weeks _____ Months _____ Life

Has your pet any of the following:

Coughing Yes No How often _____ **Sneezing** Yes No How often _____

Diarrhea Yes No How long _____ Is it Bloody Yes No Is it Mucousy Yes No

Vomiting Yes No How long _____ Time of Day _____ Frequency _____

Is Your Pet Acting Normal? if not, please explain _____

Has your pet eaten this morning? Yes No Time of last meal _____

Is your pet Limping? Yes No Which Leg FRONT REAR LEFT RIGHT

How long has your pet been limping/favoring this leg? _____ Days _____ Weeks _____ Months

Does it limp constantly Yes No After Exercise Yes No

Any other problems? Please explain and note duration _____

***** Please answer the following questions by circling Yes or No *****

Do you consent to: Sedation Yes No Anesthesia Yes No Blood Tests Yes No

X-Ray Yes No Other Surgical Procedures Yes No None of the above None

Have the risks of anesthesia / surgery already been explained to you Yes No

Do you understand the risks of anesthesia / surgery Yes No

Please use the following for any additional notes or requests while your pet is here today.

While your pet is here today, would you like to have a micro-chip installed. This tiny chip is placed under the skin between the shoulder blades. Should your pet ever be lost, a quick scan over our pets back will reveal a unique # and traced back to you. Micro-chip? YES NO

Signature _____