

quivira

Quivira Road  
Animal Clinic, LLC.



**Quivira Road Animal Clinic Drop-Off Admittance Form**

**Pet Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

The information you provide below will assist the doctor in knowing the best way to help your pet. It is important to be as accurate and thorough as possible.

Please leave 2 telephone numbers where you can be reached today: #1: \_\_\_\_\_

#2: \_\_\_\_\_

Your pet will receive a physical exam today (\$47.95). We will call to discuss our findings/recommendations and further estimated cost for services/labs/diagnostics.

**What is the reason for today's visit?** (Please be as specific as possible) \_\_\_\_\_

**Did your pet eat this morning?** ( ) Yes ( ) No **Time?** \_\_\_\_\_

**Has your pet been treated for this condition before?** ( ) Yes ( ) No If yes, when? \_\_\_\_\_

Current Diet \_\_\_\_\_ # of Feedings today \_\_\_\_\_ Is he/she given table scraps? ( ) Yes ( ) No

**Is your pet on Heartworm Preventative?** ( ) Yes ( ) No **Flea and Tick Preventative?** ( ) Yes ( ) No

**Is your pet currently on any medications** ( ) Yes ( ) No If yes, what and when was the last dose? \_\_\_\_\_

**If your pet is a diabetic – did they receive insulin this morning?** ( ) Yes ( ) No At what time? \_\_\_\_\_

Type? \_\_\_\_\_ How Many units? \_\_\_\_\_ Ate breakfast/dinner? \_\_\_\_\_

**Is your pet scratching, shaking head, or scooting?** ( ) Yes ( ) No How Long? \_\_\_\_\_

Where? \_\_\_\_\_

**Has your pet had any reactions to medications or vaccinations?** ( ) Yes ( ) No If yes please list and describe reaction: \_\_\_\_\_

**Has your pet been around other animals, been to the lake, groomer, boarding, daycare facility, or dog park recently?**

( ) Yes ( ) No If yes, when? \_\_\_\_\_

**Any Bad Breath noted?** ( ) Yes ( ) No How Long? \_\_\_\_\_

**Weight Loss or Gain?** ( ) Yes ( ) No How Long? \_\_\_\_\_

**Unusual Discharge?** ( ) Yes ( ) No Where? \_\_\_\_\_

**Behavioral Changes?** ( ) Yes ( ) No What Kind ? \_\_\_\_\_

Some diagnostic tests assist in detecting problems that are not found on a physical examination. We also have a vaccine policy that is enforced for the safety of our patients and staff. If the patient is need of vaccinations and doctor deems patient healthy enough for them the basic vaccines needed will be done to ensure the health and well-being of any "sick" animals we have that are in need of care, who cannot (due to health issues ) receive vaccinations. We will contact you following your pet's physical examination and provide an estimate for recommended testing.

Additional services requested today:

- ( ) Ear Cleaning            ( ) Nail Trim                    ( ) Vaccination Update            ( ) Fecal  
( ) Microchipping            ( ) Anal Gland Expression    ( ) Heartworm Test            ( ) X-rays  
( ) Thyroid Test            ( ) Super Chem, T4, CBC            ( ) Resting Cortisol    ( ) Urinalysis  
( ) CBC (Complete Blood Count)            ( ) Other: \_\_\_\_\_

**Consent for Treatment and/or Admission**

I, the undersigned owner/agent of \_\_\_\_\_, have waived the recommendation of going to an emergency hospital (Blue Pearl, VCA etc.) and understand that my pet will be examined as noted in the posted drop-off policy, and that depending on the findings of the examination have the possibility of being referred to the emergency clinics for consultation/continuing care. I also agree that after a consultation with me, the hospital's doctor(s) may prescribe medication, recommend diagnostics/bloodwork/radiographs, treat, refer, sedate, anesthetize and /or perform surgery on my pet. I understand that some risks exist with anesthesia and /or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before beginning the procedure. Should unexpected life-saving emergency care be required and the veterinarian or staff member is unable to reach me, the hospital staff has my permission to: (Please choose one of the below, even if you do not think it is needed)

( ) **Resuscitate:**    ( ) Any and all measurements needed to stabilize OR    ( ) Limit Cost to a Maximum of \$ \_\_\_\_\_

( ) **No resuscitation or drastic heroics.** Humanely euthanize if needed. I agree to pay any fees incurred in the process.

I understand that an estimate of fees for all veterinary services can be provided to me and that I am encouraged to discuss all fees related to the care before services are rendered and during my pet's ongoing medical treatment. I understand that payment is due at time of service/discharge and in some cases a deposit may be required. I also understand that any follow-up examinations and additional treatment may not be covered in today's price.

I understand that I will be charged for administration of flea medication if evidence of flea infestation is found on my pet today.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**How is your pet feeling?**

Symptoms?	YES	NO	If "YES", please circle relevant words/phrases
Change in appetite			Not eating at all / Decreased appetite / Will eat treats only  Eating more than usual / Diet change ___ days/months ago
Change in drinking			Drinking more / Drinking less / Not drinking at all
Vomiting			White / Yellow / Pink / Food / Got into trash / recent diet change  History of hairballs / history of eating toys or string
Diarrhea			Watery / blood tinged / bloody / mucous
Change in urination			Bloody urine / increased frequency / increased amount of urine  Smaller urine amounts but more frequently / Urinating out of box  Straining / Vocalizing / Accidents at home / licking vulva or penis
Coughing or sneezing			Moist / dry / honking / occurs at night / occurs during day  Seasonal
Lumps / Bumps  Please note on the drawings lumps and bumps ->			<p style="text-align: center;">Left TOPSIDE Right      Right UNDERSIDE Left</p>

**Additional Information – include when your first noticed the signs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_