



COUNTRYSIDE VETERINARY CLINIC DROP OFF RELEASE

Pet's Name _____ Date _____

Owner's Name _____

Address Corrections Yes No Changes Are _____

Phone number(s) where you can be reached today _____

To help us ensure your pet receives the best possible care while here at the clinic please take a moment to answer the following questions to the best of your knowledge:

Chief Complaint _____ **Duration of Problem** _____

History:

Has your pet shown any signs of the following?:

- Vomiting? How Long? _____
- Diarrhea? How Long? _____
- Listless? How Long? _____
- No Appetite? How Long? _____
- Weakness? How Long? _____
- Coughing? How Long? _____
- Gagging? How Long? _____
- Scratching? How Long? _____
- Shaking Head? How Long? _____
- Scooting? How Long? _____
- Seizures? How Long? _____
- Urinating? More or less than usual? How Long? _____
- Drinking? More or less than usual? How Long? _____
- Limping? Which Leg? _____ How Long? _____
- Weight loss or Weight gain? _____
- Unusual lumps or bumps? _____

- Yes No Did your pet eat this morning?
- Yes No Is your pet on Heartworm Prevention? _____
- Yes No Is your pet on Flea Prevention? _____
- Yes No Intestinal Parasite Check in the last 6 months?
- Yes No Any reaction to a Medication? _____
- Yes No Any reaction to Anesthesia? _____
- Yes No Is your pet currently on any medication?
 Name _____ Dosage _____

TESTS AND SERVICES:

In addition to the drop-off office call/exam fee what authority do we have?:

- Call Owner/Owner's Agent before doing additional tests
- Do diagnostic tests if under \$75 or \$ _____
- Do whatever diagnostic testing the Doctors recommends for your pet
- Yes No Call 1st: May we sedate/anesthetize your pet if necessary?

OWNER RELEASE: I understand that Countryside Veterinary Clinic will use all reasonable precaution against injury, escape, or death of my pet. The Clinic Staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay for all services rendered at the time my pet is discharged from the hospital or the services are otherwise terminated. Payment is expected at time of service. We accept payment by cash or credit card.

Signature of Owner or Owner's Agent _____ **Date** _____

Countryside Veterinary Clinic – 1231 N. Knowles Avenue – New Richmond, WI 54017
715-246-5606