



The Drop-off Appointment Form is available to be filled out before your pet's procedure. Filling this out ahead of time will allow us to check in your pet with minimal delay!

Owner's Name

Pet's Name

Species

Breed

Today's Contact Number

Please indicate any area(s) regarding your pet's problems that you would like to have addressed and the duration/frequency with which it has been observed:

☐ No problems, just preventative care or other services

GASTROINTESTINAL

- ☐ Vomiting
- ☐ Diarrhea
- ☐ Not Eating
- ☐ Weight Loss
- ☐ Straining to Defecate

SKIN

- ☐ Itching/Scratching
- ☐ Hair Loss
- ☐ Lumps/Bumps
- ☐ Redness

EARS

- ☐ Shaking head/Scratching
- ☐ Redness/Discharge
- ☐ Odor

URINARY

- ☐ Frequent Urination
- ☐ Excessive Drinking
- ☐ Blood in Urine
- ☐ Accidents in the House
- ☐ Straining to Urinate

EYES

- ☐ Redness/Discharge
- ☐ Squinting/Scratching
- ☐ Other

RESPIRATORY

- ☐ Coughing
- ☐ Sneezing
- ☐ Labored Breathing



ORTHOPEDIC

- ☐ Limping
- ☐ Weakness

OTHER

- ☐ Lethargy
- ☐ He/She is just not acting right

Describe:

ANY OTHER SERVICES WE CAN OFFER YOUR PET WHILE HERE

- ☐ Anal Gland Expression
- ☐ Microchip Implantation
- ☐ Nail Trim and Dremmel
- ☐ Ear Cleaning
- ☐ Bath

Other:

Please double-check that the telephone number is correct and one that you will have access to in case we need to get a hold of you urgently.

As the owner (or agents of the owner) of the animal described above, I hereby authorize the veterinarians and staff of Westside Veterinary Hospital to provide the requested services and/or evaluate my pet for the problem(s) I have listed above. If in the judgment of the staff, unforeseen conditions arise that are time-sensitive and call for urgent procedures or treatments, I authorize the staff to act in the best interest of my pet, if reasonable efforts to contact me for consent are unsuccessful. I agree to pay in full for all services rendered. I have read and understand this consent.

Signature

Date