

Patient Drop-Off Form

To help us provide the best care, please complete the following:

Date: _____

Client Name: _____

Phone Number(s): _____

Patient Name(s): _____

Emergency Phone Number: _____

Why are you presenting your pet(s) for an exam today? Please include symptoms and duration:

Since you first noticed the symptoms, is your pet: Better Worse Same

Is your pet currently on medications? No Yes: _____

When is the last time your pet was given medications? _____

Is your pet currently taking preventative for ticks/fleas? No Yes: _____

Is your pet currently taking preventative for heartworm? No Yes: _____

Do you keep your pet(s): Indoors Outdoors

What type of food do you currently feed your pet? _____

When is the last time your pet has eaten? _____

Has your pet lost or gained weight recently? No Yes –how much/what period: _____

Has your pet's water intake changed? No Yes –how much/what period: _____

Has your pet's excretory habits changed? No Yes –how much/what period: _____

Treatment Authorization

I hereby authorize Richmond Road Veterinary Clinic (RRVC) to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. Please be advised RRVC is not responsible for any personal belongings left with your pet. All pets must be free of fleas. If any are seen, the pet will be safely treated at the owner's expense. In the event of a medical emergency, our veterinarians will provide necessary and reasonable medical care. Please provide emergency contact information above so that we may reach you in such an event.

Your pet will be seen on a priority basis. This will be based on the nature of the problem and the time your pet was dropped-off. If you are unable to pick your pet up by clinic closing time, you may be charged an additional boarding fee.

Financial Policy

Payment is due as services are rendered; the balance is due upon discharge from the clinic. Payments can be made by cash, personal check (with proper identification), Visa, Mastercard, Discover, American Express or Care Credit.

Authorizing Signature: _____

Date: _____