

### Trinity Pet Hospital Drop Off Form

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Major Complaint: \_\_\_\_\_

	<u>CIRCLE</u>		
Is your pet sick?	Y	N	How Long? _____
Appetite Normal?	Y	N	How Long? _____
Vomiting?	Y	N	How Long? _____
Diarrhea?	Y	N	How Long? _____
Listless?	Y	N	How Long? _____
Drinking more than usual?	Y	N	How Long? _____
Drinking less than usual?	Y	N	How Long? _____
Weakness?	Y	N	How Long? _____
Coughing?	Y	N	How Long? _____
Sneezing?	Y	N	How Long? _____
Gagging?	Y	N	How Long? _____
Urinating more than usual?	Y	N	How Long? _____
Urinating less than usual?	Y	N	How Long? _____
Scratching?	Y	N	How Long? _____
Shaking Head?	Y	N	How Long? _____
Allergies?	Y	N	How Long? _____
Limping?	Y	N	How long? _____
Scotting?	Y	N	How Long? _____
Weight gain?	Y	N	How Long? _____
Unusual Discharge?	Y	N	How Long? _____
Has pet been treated for the same condition recently?	Y	N	If yes, how long ago? _____
Indoor/Outdoor pet?	Y	N	
Indoor only pet?	Y	N	
Is your pet currently taking any medication?	Y	N	

\*If yes, please list the prescription name, strength, and administration directions: \_\_\_\_\_

Anything else we need to know? Y N

Explain: \_\_\_\_\_

**Owner Release:** Trinity Pet Hospital is to use all reasonable precaution against injury, escape, or death. The Hospital and 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 while I'm absent will be treated as deemed best by the veterinarian and I assume full responsibility for the treatment expense involved.

Owner/Agent Name(print) \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Second Number (\_\_\_\_) \_\_\_\_\_