

# PATIENT DROP-OFF FORM

**•ORLAND VETERINARY HOSPITAL • 1137 EIGHT STREET ORLAND, CA 95963 • (530) 865-4478•**

**• www.orlandveterinaryhospital.com •**

A Complete physical exam will be given to your pet. To better treat your pet and meet your needs, please take a few moments to clearly define what problems you would like us to address while your pet is here. It is critical for us to know as much of the history of the problem as you can recall and how you can be reached during the day for further discussion.

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact / transport person: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_

Describe the current problem(s): please note duration, severity, character, etc. and services requested.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any significant previous medical problems:

List any medications your pet is taking:  
(dose & frequency)


**HISTORY** ( + is increased, -- = decreased, +/- = somewhat or a little bit, 0 = none, N = normal )

Appetite _____	Itching _____	Diet: -Brand(s)-Types-Amounts-Frequencies _____
Thirst _____	Fleas Observed _____	_____
Activity level _____	Fur or skin problems _____	_____
Coughing _____	Head shaking or painful ears _____	_____
Sneezing _____	Body weight over the last 6 months _____	_____
Vomiting _____	Lameness or stiffness _____	_____
Defecation _____	Bad breath or mouth discomfort _____	Supplements _____
Urination _____		

Provide any other details about frequencies and durations or locations of the above. Use the back of this sheet if more space is needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What flea control do you use and when was it last applied? \_\_\_\_\_

Is your pet on Heartworm preventative? When was it last given? \_\_\_\_\_

Does your pet live inside / outside / or both?

In using this drop-off form I realize that **IT IS ESSENTIAL THAT I BE AVAILABLE BY PHONE** (not voice mail) so that the doctor can best help my pet and me. If I am not available I understand that the DVM will proceed as directed below.

\*In the event that I am not available by telephone the doctor may:

- Do what Doctor feels is necessary
- Do what the Doctor feels is necessary not to exceed: \_\_\_\_\_

Client / Agent Signature \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Best time to contact you \_\_\_\_\_

Who will be picking up your pet? \_\_\_\_\_ At what time? \_\_\_\_\_

**\*\*\*Payment is due at time services are rendered. Thank You, OVH\*\*\***