**DAILY DROP-OFF CONSENT FORM-SICK FORM**

**Animal’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What is your pet being seen for today? List symptoms/problems:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **When did you first notice the issue?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Since first noticing the issue/problem, has it gotten better, gotten worse, or stayed the same?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has there been a change in the diet/environment in the past month?**

**YES\_\_\_\_ NO\_\_\_\_\_\_**

1. **Have you attempted to treat the pet at home or previously treated by another doctor? If so, how were they being treated?\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is your pet on heartworm/flea/tick prevention? What kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **List ANY and ALL medications the pet is currently on, including vitamins and supplements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Any KNOWN allergies to vaccines or medications? If so, to what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Please check the following YES or NO:**
* **Permission to Sedate my animal, if needed:\_\_\_YES \_\_\_\_NO**
* **Permission to perform x-rays, if needed:\_\_\_\_YES\_\_\_\_\_\_NO**
* **Permission to perform bloodwork, if needed:\_\_\_\_YES\_\_\_\_\_NO**

**Today, please keep my bill UNDER:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_PHONE NUMBER FOR TODAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_**