



Walworth Animal Hospital Drop Off Exam Information

Please provide us with information about your pet's condition

Date: _____

Owner's Name: _____

Pet's Name: _____

Emergency Contac: _____

Phone: _____

Problem: Lethargic Vomiting Diarrhea Excessive Eating/Drinking
 Limping Itching Crying Loss of Appetite Difficulty Urinating
 Other _____

How long have these symptoms persisted and location? _____

Is Your Pet: Inside Only Inside/Outside Outside Only

What Do You Feed Your Pet? Dry Food Brand: _____

Wet Food Brand: _____

Treats Human Food

Has Your Pet Eaten Anything Unusual? _____

Is There Anything Else We Should Know? _____

I understand that a hospitalization charge of _____ will be charged for keeping my pet here for the day.

Please Initial One Of The Following:

_____ I give permission to Walworth Animal Hospital to perform any and all necessary medical and all necessary treatments for the above named pet.

_____ I request that I be contacted prior to the institution of any treatments or diagnostic testing performed at Walworth Animal Hospital, except for any life-saving procedures deemed necessary by the doctor on duty.

_____ I request to be contacted before treatments are performed in excess of \$ _____

I agree to pay for any and all services while my pet is hospitalized at Walworth Animal Hospital. I understand that payment is due at the time services are rendered.

Signature: _____ Date: _____

Phone number where you can be reached today: _____

All Fees are Due at The Time Services are Rendered.