

PETSRFAMILY ANIMAL CLINIC NON-SURGICAL DROP OFF FORM

Owner's Name: _____ Date Printed: _____

Pet's Name: _____ Sex: _____

Procedure(s): _____

Primary Contact Number for Today: _____

Emergency Contact Number for Today: _____

Primary Complaints:

Vomiting Itching Painful Diarrhea Coughing Hairloss

Growth/Lump Blood in stool Sneezing Lethargic Ears Anorexia

Eyes Difficulty Urinating Lameness/Limping Increased thirst

Other: _____

Brief History: _____

Pet's Medication: _____

Additional services requested today: (Please note some services may not be performed if pet is deemed too ill): _____

I authorize up to the following amount for treatment of my pet today: \$ _____

We will attempt to call with a treatment plan, if unable to reach we will proceed with treatment plan within designated amount. We will call and wait for response if needed services exceed the amount indicated. **Payment is due at time of service.** We accept Visa, Mastercard, Discover, American Express, Care Credit, Debit, Cash and Check.

I understand that PRFAH cannot be held accountable for the Loss/Damage to any belongings (covers/pillows/beds/leashes/collars) left with my pet.

PetsRFamily is open from 9am-7pm Monday-Friday and 9am-3pm on Saturday. Late pick up (10 minutes after closing) will incur a \$50 'late pick up' fee due to holding staff over. If owner is no call/no show at 7pm the pet will be left in a kennel w/ food and water overnight where and \$85 boarding fee will be incurred.

I authorize _____ to pick up my pet on my behalf.

Client Signature

Date

Sedation Consent Form

Patient Name: _____ **Breed:** _____ **Sex:** _____

Age: _____ **Color:** _____

Authorization: In the event that _____ (pet's name) requires sedation during their visit today I _____ (owner's name) authorize sedation for my pet, as described above. I understand that that hospital staff will make every attempt to contact me in the event sedation is needed. The nature and risks of this procedure have been explained to me. I understand that there is always risks, including death, associated with sedation and anesthesia, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. While PetsRFamily provides the highest quality of sedation/anesthetic monitoring, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic procedure and emergency care may be required for my pet – I have made the following (check box below) decision in regards to emergency treatment. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will hold harmless PetsRFamily, the veterinarians, or any hospital staff member not liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc) that are left in the hospital.

MUST SELECT:

Pets Family's staff **has** _____ or **does not have** _____ (initial one applicable phrase) my permission to provide any emergency treatment and/or treatment and care as the attending veterinarian or technician deems necessary.

_____ I agree to pay for all related fees associated to such emergency care and/or treatment.

Signed: _____ **Date:** _____

Print: _____

PATIENT EXAM FORM

WEIGHT: _____

Notes: _____

T: _____ **P:** _____ **R:** _____

Ears: Normal Abnormal:

Eyes: Normal Abnormal:

Skin: Normal Abnormal:

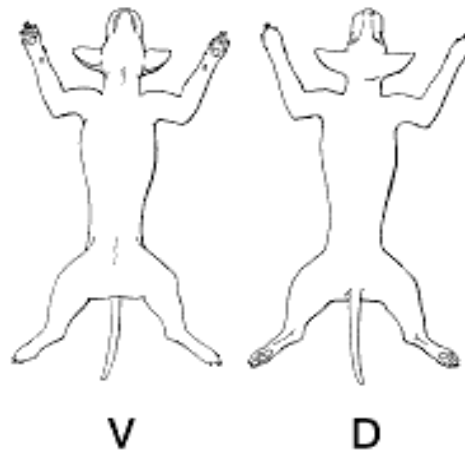
Respiratory: Normal Abnormal:

Mouth: Normal Abnormal:

PD Grade: 0 1 2 3

Musc/skeletal: Normal Abnormal:

ASSESSMENT:



TREATMENT	
SUBCUTANEOUS FLUIDS:	RIMADLY INJECTION:
VITAMIN B INJECTION:	MOLAXICAM INJECTION:
CERENIA INJECTION:	DIPHENHYDRAIME INJECTION:
CONVENIA INJECTION:	CYTOPOINT INJECTION:
PENONE (PENICILLIN) PRO INJECTION:	PRO-HEART INJECTION:

MEDICATIONS TO GO HOME:

OTHER:

LABS	
<input type="checkbox"/> SA750 (SUPERCHEM/CBC/T4/FECAL/UA)	<input type="checkbox"/> URINALYSIS IN HOUSE / <input type="checkbox"/> URINAYSIS SENT TO LAB
<input type="checkbox"/> SA600 (CHEMISTRY/CBC)	<input type="checkbox"/> FECAL T805 / FECAL WITH GIARDIA T808
<input type="checkbox"/> IN HOUSE CHEM 8	<input type="checkbox"/> EAR STAIN CYTOLOGY
<input type="checkbox"/> 4DX (HEARTWORM/LYME/ERLICHIA/ANAPLASMA)	<input type="checkbox"/> DMT FUNGAL CULTURE
<input type="checkbox"/> FELV/FIV COMBO TEST	<input type="checkbox"/> SKIN SCRAP / FNA