



Edgewood Veterinary Clinic, Inc.

1055 Grass Valley Hwy • Auburn, CA • (530) 885-1919 • FAX (530) 885-2409

Drop off Sheet

Client _____

Date _____

Pet _____

We have arranged for you to leave your pet here, to allow Edgewood Veterinary Clinics doctors to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the bottom of this form.

Everything was okay with my pet until _____. Since then, _____

Is your pet on heartworm preventative? _____ When was your dogs' last test for heartworm? _____

Is your pet current on vaccinations? _____ What vaccines has he/she received? _____

Water intake has: decreased _____ increased _____ unchanged _____

My pet last ate: _____, and is eating well _____, or poorly _____

My pet started vomiting on (date): _____

Color: _____

Consists of: _____

Last vomited: _____

My pets stool is: normal _____ diarrhea _____ hard like constipation _____

Color: _____

Does your pet eat table scraps? _____, what did he/she eat? _____ when? _____

My pet is lame (where?) _____, or sore _____, or has been injured _____

My pet is currently taking the following medications: _____

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and /or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at _____. Initial _____

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet. Initial _____

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges for my pet.

Signature _____ Date _____

Phone number where I can be reached today: _____