



pacific palisades veterinary center

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EXAMINATIONS/HOSPITALIZATION DROP OFF FORM

Date: _____

File#: _____

Patient: _____ Client: _____

Please indicate the best number to reach you at:

Cell : _____ Home: _____ Business: _____

CHIEF COMPLAINT: _____

How long has this been going on? ___ Days ___ Weeks ___ Months

Has the problem been getting: ___ Better ___ Worse ___ No Change

Are other pets in the house showing similar signs? Yes / No If yes who? _____

Please check if any of the following symptoms have been notice:

- | | | |
|--------------------------|--------------|------------------------|
| ___ Scratching/Itchiness | ___ Lethargy | ___ Constipation |
| ___ Hair Loss | ___ Coughing | ___ Urination Problems |
| ___ Ear Problems | ___ Gagging | ___ Reduced Appetite |
| ___ Excessive Licking | ___ Sneezing | ___ Excessive Drinking |
| ___ Nasal discharge | ___ Vomiting | ___ Pain |
| ___ Eye Discharge | ___ Diarrhea | ___ Limping |

Has your pet eaten today? Yes / No

Has your pet taken any medication(s) today? Yes / No

If yes what are the medications and what is the dosage.

Describe problem(s) checked above, or any other problem(s) you have noticed:

How can we reach you today? You will be called after the doctor has examined your pet. Prior to any procedures or test to be performed, the doctor will notify you to discuss all treatments and fees unless other arrangements have been made in advance. *****PLEASE BE AVAILABLE FOR OUR CALL*****

Alternate numbers: _____

I am the owner or authorized personnel for the owner, and I accept full financial responsibility.

Signature: _____ Date: _____ COF? Yes / No

*****You must be over 18 years of age and financially responsible for and or the owner of the pet at the very least a representative that is able to make decisions for the owner in order to sign this consent form.**

ALL DROP OFFS REQUIRE A VALID VISA OR MASTERCARD ON FILE & POSSIBLY A DEPOSIT AT THE TIME OF DROP OFF. PLEASE SEE A FRONT OFFICE REPRESENTATIVE AFTER COMPLETING THIS FORM. ***

Admitting Tech: _____