

Westmoreland & Slappey Animal Hospital, LLC
Web Address: westmorelandah.com

DROP OFF RELEASE

Date _____

OWNER'S NAME _____ PET'S NAME _____

YES NO

- ___ ___ Did your pet eat this morning?
- ___ ___ Is your pet on Heartworm Prevention? Refill needed? Brand? _____
- ___ ___ Is your pet on flea prevention? Refill needed? Brand? _____
- ___ ___ Has your pet been checked for intestinal parasites in the past 6 months?
- ___ ___ Has your pet had any reaction to medications?
- ___ ___ Has your pet had any reaction to vaccines?
- ___ ___ Is your pet currently on any medications? If so, Name _____ Dosage _____

Reason for visit: _____ Vaccines _____ Chief Complaint _____

Has your pet shown any signs of the following?

- ___ Vomiting
- ___ Diarrhea/Blood in stool
- ___ Listlessness/lethargy
- ___ No appetite
- ___ Weakness
- ___ Coughing
- ___ Gagging
- ___ Scratching
- ___ Seizures
- ___ Shaking head
- ___ Scooting
- ___ Urinating More or less?
- ___ Drinking More or less?
- ___ Limping Which leg? _____
- Weight Loss or Gain? _____
- Unusual Lumps or Bumps? Where? _____

Anything else we need to know?

May we sedate/anesthetize your pet if necessary? _____ Yes ___ No ___ Call you first _____
Phone number we can reach you at today _____

Owner Release:

I hereby authorize Westmoreland & Slappey Animal Hospital, LLC to examine, prescribe or treat my pet as set forth above or as deemed necessary by the veterinarians. I understand that any problem that develops with my pet while I am absent will be treated as considered best by the staff veterinarians. I agree to assume full responsibility for treatment expenses involved and to pay the fees for all services rendered at the time my pet is discharged from the hospital. I will not hold Westmoreland & Slappey Animal Hospital, LLC and staff liable for any problems.

Signature _____

Date _____