

**Patient Drop-Off Information**

Thank you for dropping your pet off with us today! The following information will be used to help our veterinary team accurately complete your pet’s medical history for today’s visit.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Personal Items left here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred pick-up time (we will try our best to accommodate and will contact you if it is not possible to have your pet ready by this time; if this space is left blank we will contact you if we need to keep your pet more than 6 hours or longer than 10 hours if here for anesthesia): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will need to be able to contact you or someone with permission to make medical and financial decisions.

Who will we be speaking with?  Me or  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prefer we contact you with updates about your pet today? (check one)  Call  Text  Email

Best Phone Number(s) to call/text today (please include area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What food are you currently feeding?** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and they get**  **Canned** /  **Dry**

**How much do they eat daily, and how often are you feeding?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST ALL MEDICATIONS & DIETARY SUPPLEMENTS PET IS CURRENTLY TAKING   
(INCLUDE STRENGTH, QUANTITY, AND FREQUENCY OF DOSING!)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are any refills needed at today’s visit and how long do you need refill(s) to last you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have your pet’s energy levels been recently:**  NORMAL  INCREASED  DECREASED

**How has your pet’s appetite been recently:**  NORMAL  INCREASED  DECREASED

**How has your pet’s thirst been recently:**  NORMAL  INCREASED  DECREASED

**Has there been any changes in urination or Bowel movements?**  No  Yes:  INCREASED  DECREASED

**Please describe what you are seeing (urination, bowel movements, frequency, volume, consistency, etc) as applicable**:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you noticed any of the following?**

Coughing  Sneezing  Vomiting  Diarrhea  Limping/Lameness  Itching/Licking/Chewing

Hair Loss  Squinting/eye discharge/redness  New/changing growths  Other

**Any changes to:**  Hearing  Vision  Mobility

**Please describe in detail what you are seeing for anything indicated above, include information pertaining to length of time you have noticed the issue(s), whether it is getting worse/improving over time, how often issue(s) are occurring daily/weekly/monthly, and whether you have tried anything at home and if it made a difference:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to update any vaccines today?  Yes  No / Which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any additional questions or concerns for the doctor?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please call me if my fee will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ over the amount presented on the estimate that I signed prior to drop-off. **(If left blank, we will call if charges go $100+ over the estimate.)**

***Please check the services you would like performed to your Pet today:***

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | **FEE** | **YES** | **NO** |
| **Nail Trim** | $18.00 |  |  |
| **Microchip** | $28.00 |  |  |
| **Dental cleaning**: If it is determined your pet needs a dental cleaning because they have dental tartar while here for another surgery, and it is deemed appropriate by the veterinarian examining your pet, would you like us to do this at an additional cost? | 🡨🡨 |  |  |
| **Blood testing**: Bloodwork is highly recommended prior to sedation or anesthesia. This alerts us to the presence of dehydration, anemia, systemic infection, diabetes and/or kidney or liver disease that could complicate the procedure. These conditions may not be detected **without** a pre-anesthetic profile thus not allowing for the most appropriate and safest anesthetic or sedative regime to be administered. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, these tests may be useful if your pet’s health changes to develop faster, more accurate diagnoses and treatments. | $137-180  (included with cost of $410 dental cleaning) |  |  |
| **Urinalysis:** screens for urinary tract infections, urinary crystals, dilute urine or protein loss which could indicate a systemic illness, and glucose in the urine. This compliments bloodwork in attaining a good overall picture of your pet’s health. | $60-80 |  |  |
| **Thyroid Screen** (total T4) added to bloodwork (for adult pets only, 2-3 business days for results) | $35  (normally $45) |  |  |
| **Anal gland expression** is recommended for pets that are licking, chewing, or scooting their rear end or if they have had previous problems with their anal glands. Does your pet need anal gland expression today? | $26.00 |  |  |
| **Ear cleaning** (price may vary depending on severity of ear infection) | $25.00  (mild) |  |  |
| **Ear hair removal** | $25.00 |  |  |

If your pet is not picked up by the end of the day that he or she is dropped off, boarding charges will apply. After 2 days of attempting to contact you and all authorized contacts on file and not receiving any response, your pet will be considered abandoned and will be relinquished to Pinellas County Animal Services.

I understand that Harborside Animal Hospital does not have any staff attending to pets during nights and weekends and therefore if I do not pick up my pet by closing time, I could be placing my pet in danger if he or she is sick. I agree to hold harmless Harborside Animal Hospital and its employees if any harm comes to my pet because I do not pick up my sick pet before closing time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_