



All About Animals Veterinary Clinic

4414 Eagleville Pike
Chapel Hill, TN 37034

Drop Off Form

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:

Your pet is scheduled to be examined by Dr. Jennifer Byrd either by your request because either you are unable to present for exam or your pet will be staying here for boarding or grooming and needs an exam at that time. In order to prevent incorrect assumptions and miscommunications we require authorization to initiate diagnostics and treatment of your pet, as well as to obtain acceptance of your financial responsibility for the care.

Initial diagnostics and treatments for a sick patient may include laboratory analysis, radiographs, IV fluids, and/or pain management, which can run \$500 depending on the nature of the procedures needed. This is by no means an estimate of the total charges, just an estimate of the initial diagnostics and treatments. Your actual costs may be significantly more or less depending on the nature of the problem.

Authorization to treat means accepting the financial responsibility to pay the total bill in full upon the pet's release from the hospital. All About Animals Veterinary Clinic accepts credit/debit cards, approved checks, and cash. We do not have any payment plans.

Please choose one of the following options:

Option A:

I authorize All About Animals Veterinary Hospital to perform an **examination only**. Diagnostics and treatments will not be started until I can be contacted. I am aware that diagnostics and treatments will only be started after the doctor has contacted me about the results of the exam and provided me with a plan and estimate of costs. I accept full responsibility for any and all consequences such delays in treatment may cause.

Option B:

I authorize All About Animals Veterinary Clinic to perform an exam and also start diagnostics and treatment on my pet as soon as possible up to the following amount \$_____. Pain management will be chosen if necessary before any other diagnostics or treatments. The doctor will call me as soon as reasonably possible with results of any diagnostics and a continued treatment plan. I understand that authorization for further treatment incurs further costs and that all payment is due upon my pet being discharged from the hospital. All About Animals will keep me apprised of all costs.

Please answer the following questions in entirety and to the best of your knowledge:

What is the main concern/complaint you would like examined/addressed today? _____

Everything was okay with my pet until (date)_____.

Is your pet lethargic? Yes No

Water intake has (please check box that applies.) decreased , increased , unchanged

Is your pet eating? Yes No

Any vomiting? Yes No If yes, please describe below. (color, substance, amount, frequency, etc.)

Is your pet having diarrhea? Yes (Please answer questions 1-3 below) No, normal or
 No, my pet seems constipated. Last known bowel movement? _____

1.) What color? _____

2.) What consistency? _____

3.) Frequency? _____

Has your pet had access to anything out of the ordinary for them? (toxins, other foods, etc) Yes No

If yes, what? _____

Has your pet lost weight? Yes No. If yes, when did you first notice this _____

Is your pet experiencing any of the following?:

Lameness/Limping Injury/Laceration Other, please

describe: _____

What part of your pet's body is being affected? _____

When did this start? _____.

Since then, has it gotten worse, improved, or stayed the same?

Please check which applies best to your pet:

This is the first time my pet has experienced this problem/issue.

My pet has had this problem before, but it has been a long time.

This is a chronic/long term problem/condition.

If questions above have not covered the extent of what your pet is experiencing, please use this space below to describe what else is going your pet is experiencing:

Signature: _____ **Date:** 8/7/2015

Best phone number to contact you on today: _____