

**REDWOOD PET CLINIC  
GENERAL MEDICAL DROP-OFF FORM**

Name : \_\_\_\_\_ Pet's Name : \_\_\_\_\_

Date : \_\_\_\_\_

1. Why is your pet here today? \_\_\_\_\_  
\_\_\_\_\_
2. When was the last time your pet ate? \_\_\_\_\_
3. Is your pet vomiting, having diarrhea, coughing, sneezing, feeling lethargic or not eating? \_\_\_\_\_  
If so, please describe the frequency of the problem and when it began. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What medication(s) your pet is taking, how much and how often? \_\_\_\_\_  
\_\_\_\_\_
5. Please list any specific questions or concerns you have or procedures you are interested in while your pet is here. (ie. Toe nail trim, vaccines, grooming, etc.). \_\_\_\_\_  
\_\_\_\_\_
6. Did you leave any personal items with your pet? Please list: \_\_\_\_\_  
\_\_\_\_\_
7. Please leave a reliable phone number and/or the name and number of another person who will be responsible for making decisions regarding your pet can be directly contacted today. Leave as many numbers as you like.  
\_\_\_\_\_  
\_\_\_\_\_

Please understand that during the course of your pet's stay with us unforeseen conditions may arise that necessitate medical attention from our staff. If we are unable to reach you or your representative at any of the above numbers provided your signature here authorizes the performance of such procedures as are deemed necessary by the veterinarian's professional judgment.

Veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. (California Code of Regulations Title 16 Section 2030).

**All accounts are to be paid in full at time of pick up. If you, the owner are not the one picking up your pet, do you authorize someone to do so? Name : \_\_\_\_\_**

**If this person is not financially responsible for your pet, please arrange for payment ahead of time.**

**Thank you.**

**An outpatient fee is assessed for all patients being dropped off for medical services.**

\_\_\_\_\_  
**Signature of Owner or Authorized Representative**