

UNION COUNTY PET HOSPITAL

DROP-OFF/SICK/EMERGENCY FORM

Client Name _____ Patient _____

K9 _____ Feline _____ Other _____ Male _____ Female _____ Age _____

Please describe the problem: _____

When did this problem begin or when did you first notice the problem?

ANY (circle one) coughing, sneezing, vomiting, diarrhea, lethargy or not eating

Any prior treatments or medications (including holistic) for this condition? _____

List any ongoing treatments &/or medications (including holistic) your pet is currently taking _____

What amount, type and brand of food does your pet eat? _____

Last time pet had Food _____ Water _____

Depending on our schedule load today, do you want to be seen as (circle one)

Emergency / Work In / Drop Off

If your pet is currently vaccinated and you choose to drop off:

Do we have permission to perform (circle) a fecal, blood work and or X-Rays

Who will be the designated contact: _____

Home # _____ Cell # _____ Work # _____

**** An Estimate will be available after diagnosis is made by the Doctor ****

- A DEPOSIT IS REQUIRED FOR ALL HOSPITALIZED PETS
- ALL CHARGES ARE DUE THE DAY OF SERVICE

Circle One: Cash / MasterCard / Visa / American Express / Discover / Local Check