

900 PINE AVE • LONG BEACH, CA 90813



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www.PineAnimalHospital.com

DROPOFF FORM

Today's Date: ____ / ____ / ____

First Name: _____ Last Name: _____

Pets Name: _____

Contact Phone Number where you can be contacted immediately: _____

Email Address: _____

What is your preferred form to receive immediate communication from us?

Home Phone _____ Cell Phone _____ Email _____ SMS/Text Message _____ Work Phone _____

We have arranged for you to leave your pet here, to allow Dr. Steve Royzman to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

Everything was okay with my pet until _____. Since then _____

My pet is lethargic _____

Water intake has a) decreased _____, b) increased _____, c) unchanged _____

My pet has not eaten since _____

My pet started vomiting _____

What color? _____

What substance? _____

My pet last vomited _____



My pet has normal stools_____

My pet seems constipated_____

My pet started having diarrhea_____

What color?_____

What consistency?_____

Has your pet had access to foods other than recommended pet food?_____

My pet has lost_____ or gained_____ weight.

My pet is lame_____, or sore_____, or has been injured_____.

I think his/her_____ is bothering him/her.

This started_____. It has worsened_____ or, improved some_____.

This has never happened before_____, recently happened_____, or is a long time (chronic) problem_____.

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Dr. Steve Royzman will contact me after he has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at any of the phone number I have provided.

If I cannot be reached at one of the numbers listed on this form, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached following diagnostics, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand payment is due when my pet is discharged. However, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature:_____

Date:_____

