

UNDERHILL ANIMAL HOSPITAL

4900 Lake Underhill Rd, Orlando FL 32807 (407)277-0927

Out Patient Drop-Off

Client ID
Client Name
Address

Patient ID
Name
Breed & Sex
Weight
Age

Telephone () -

_____ is being dropped off for the following reason: *(PLEASE NOTE: We require an examination with vaccines)*

- Annual Wellness Exam Illness or Injury (Please Explain): Other (Please Explain):

For today's visit, has _____ shown any of the following symptoms? *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Changes in activity level | <input type="checkbox"/> Itching/ Scratching | <input type="checkbox"/> Changes in appetite- Increased or Decreased? |
| <input type="checkbox"/> Coughing/ Sneezing/ Gagging | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Changes in urination- Increased or Decreased? |
| <input type="checkbox"/> Excessive panting | <input type="checkbox"/> Scooting | <input type="checkbox"/> Changes in thirst- Increased or Decreased? |
| <input type="checkbox"/> Stiffness or Pain | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Check a growth or tumor- Please note location below: |
| <input type="checkbox"/> Limping | <input type="checkbox"/> Diarrhea or Constipation | |

Is there any other information you would like to add? _____

Please list current medications, including heartworm and flea prevention: _____

Do you consent to **Life Saving Emergency Care (CPR)** should the need arise?

Yes

No

After examination, may we proceed with tests and/or treatment?

Yes

No

Call First

PLEASE NOTE:

- It is required that **any pet** admitted into Underhill Animal Hospital be **free of fleas and ticks**. If fleas or ticks are found, your pet will be treated at your expense.
- **Aggressive** animals that required special handling *may incur an additional charge*.
- Underhill Animal Hospital will **NOT** be responsible for personal items left with pets. **PLEASE TAKE ALL LEASHES, COLLARS, ETC. WITH YOU WHEN YOU LEAVE.**

Authorization to Provide Care

I am the owner or responsible agent of the above named animal and hereby authorize performance of procedures as marked above. I understand that any quotes or estimates given for services to be performed are **ONLY ESTIMATES**, and I take full responsibility for payment of charges. Payment is due when services are rendered. It is also understood that if I do not pay this account as agreed that past due accounts may be referred to a collection agency.

Signature _____ Date _____

Contact Phone Number _____ Secondary Phone Number _____

ALL DROP OFF PATIENTS WILL BE READY FOR PICK UP
MON- FRI BETWEEN 4:00-6:30 PM SAT BETWEEN 2:30-4:00 PM

**** Photo Release:**** I hereby give my consent to UNDERHILL ANIMAL HOSPITAL to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my pet.

Signature _____