

LOVELL ANIMAL HOSPITAL DROP-OFF INFORMATION SHEET

**Reason for drop-off:**

**How long problem been going on?**

Vomiting or Diarrhea? if yes, frequency and character:

Eating and drinking normally?

What does pet normally eat? How much and how often? Has there been any change in diet?

Could pet have ingested something unusual?

Coughing or sneezing?

Is pet as active as usual?

Lameness?

Shaking head, scratching ears, odor from ears?

Any eye problems: drainage, squinting?

Any skin problems: seasonal itching, dry skin, etc?

Any unusual behaviors? Anything unusual going on at home? -- carpet cleaning, fertilizer in yard, etc?

Where does pet live? Indoors % Outdoors % In and out freely Outside unattended

Are there other pets in the household? Has pet been around other animals recently?

Is pet on any medications? heartworm prevention? Flea control?

**Please choose ONE of the following options:**

1. Please treat my pet as needed without calling me first \_\_\_\_\_
2. Please treat my pet as needed up to \$ \_\_\_\_\_
3. Please assess and call with recommendations and costs before treating my pet \_\_\_\_\_

\_\_\_\_\_  
owner's signature

\_\_\_\_\_  
phone #

\_\_\_\_\_  
date

Signature

Print Owner's Name

Date

**I give permission to Lovell Animal Hospital to allow my dog(s) to exercise off-leash in the fenced area. I release LAH from any liability if my pet is injured while off-leash. I understand the risks of my pet(s) being off leash in the fenced in area.**

I authorize Lovell Animal Hospital to take photographs of my pet(s), while boarding, to be used by LAH (photos, videos, audio clips, etc.) for such purposes of: LAH's social media page ( for educational opportunities and/or advertisement purposes), periodic updates to Owner, etc.

I do not authorize Lovell Animal Hospital to take photos of my pet(s).

Owner Name: \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature: \_\_\_\_\_