



Western
Veterinary
Clinic

25190 State Road 2, South Bend, IN 46619

574-234-3098

Date: _____

Client Name: _____

Address: _____

Phone: _____

Patient Name: _____

Species: _____

Breed: _____

Color: _____

Patient Drop Off Form

Your Name _____ Home Phone Number _____

What is the best phone number to contact you today? _____

Updates via SMS text message? (Standard carrier rates apply) Yes Cell Number: _____

Are you the: Owner Son / Daughter Friend Legal Guardian Other _____

Why are we seeing your pet today? _____

Please check all of the symptoms that your pet has:

- No problems are recognized at this time.
 - Straining to urinate Increase in water intake Watery eyes Shaking Head
 - Frequent urination Decrease in water intake Depressed Lethargic
 - Constipated Increase in appetite Scratching Weakness
 - Diarrhea Decrease in appetite Coughing Restless
 - Vomiting Weight loss Panting Seizures
 - Limping Weight gain Odor Hair loss
 - Pain (where?) _____
 - Growths (where?) _____
 - Change in behavior (describe) _____
- How long has your pet had these symptoms? _____

Is your pet on any medication? No Yes If yes, what medication and why? _____

What type, brand, and approximate amount of food are you currently feeding?

- Canned _____ Dry _____
- Other (Human, etc...) _____

What has your pet eaten in the last 48 hours? _____

I authorize Western Veterinary Clinic to perform the following (before notifying me):

- Physical Exam (\$67) Bloodwork (\$179-350) X-rays (\$225) Urinalysis (\$61) Ultrasound (\$248)
- Other treatment _____
- I authorize sedation if needed for my pet. (up to \$150)

*** All Drop off patients will have a \$35 drop off fee.

***In the unfortunate event that your pet goes into sudden and unexpected cardiac arrest, do you want the Doctors and Staff at WVC to perform CPR on your pet? The additional costs for this may range from \$200-600. Please indicate your choice below:

_____ YES – I want CPR measures attempted on my pet. _____ NO – Do not resuscitate (DNR)

I authorize a maximum expenditure of \$ _____ before the veterinarian consults me.

Owner's Signature _____ Date _____