

**Animal Hospital of Cornelius, PA**  
**DROP-OFF FORM**

Name: \_\_\_\_\_ Pet: \_\_\_\_\_

Numbers where you can be reached today: \_\_\_\_\_

Problem: (Please describe in as much detail as possible, use back if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the problem start and has it changed (worsened, progressed, improved) since it started?

\_\_\_\_\_  
\_\_\_\_\_

Is your pet exhibiting any of the following?

	Yes	No	Describe ( Frequency, Color, etc. )
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sneeze	<input type="checkbox"/>	<input type="checkbox"/>	_____
Not Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lethargy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lameness	<input type="checkbox"/>	<input type="checkbox"/>	Which Leg? _____
Increased Water Consumption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Increased frequency of Urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Itching	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____
Masses	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____
Localized Pain	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____
Recent Trama	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposure to toxins	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticks/Fleas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Table Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your pet on heartworm prevention?	<input type="checkbox"/>	<input type="checkbox"/>	_____

What is your Pets normal diet? \_\_\_\_\_

What percentage of time is your pet Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

In order to determine what is wrong with your pet, may we perform...

Bloodwork .....  Yes  No  Call First

X\_Rays .....  Yes  No  Call First

Sedation .....  Yes  No  Call First

I understand that the hospital's policy is that payment is due in full when services are rendered and therefore Agree to pay for all services at the time my pet is discharged.

Signed: \_\_\_\_\_