CASTRO VALLEY COMPANION ANIMAL HOSPITAL
2509 Lessley Ave.
Castro Valley, CA 94546
510-582-6311
www.cvcah.com

Drop Off Consent Form

Owner's Name_____ Pet's Name_____

The information you provide below will let us know the best way to help your pet. It is important to be as accurate and as thorough as possible.

Please leave a phone number where you can be reached today_____
Emergency contact: Name _____Phone_____

What is the reason for today's visit? _____

Did your pet eat this morning? Yes ( ) No ( ) If yes, what time? _____

Is your pet sick? Yes ( ) No ( ) Major Complaint_____

Has your pet been treated for this condition before? Yes ( ) No ( ) If yes, what date and where?
_____

Current Diet_____# of feedings_____ Treat/Other foods_____

Is your pet currently on any medications? Yes ( ) No ( )
If yes please fill out section below:
Medication_____Dosage_____Frequency_____Last given_____
Medication_____Dosage_____Frequency_____Last given_____
Medication_____Dosage_____Frequency_____Last given_____
Medication_____Dosage_____Frequency_____Last given_____

Is your pet on Heartworm Prevention? Yes ( ) No ( ) Flea and Tick Prevention? Yes ( ) No ( )

How is your pet feeling? If Yes, please circle relevant words/phrase

Change in appetite? Yes ( ) No ( ) Not eating Decreased Treats only Eating more than usual
Diet change___ days/months ago

Change in drinking? Yes ( ) No ( ) Drinking more Drinking less Not drinking at all

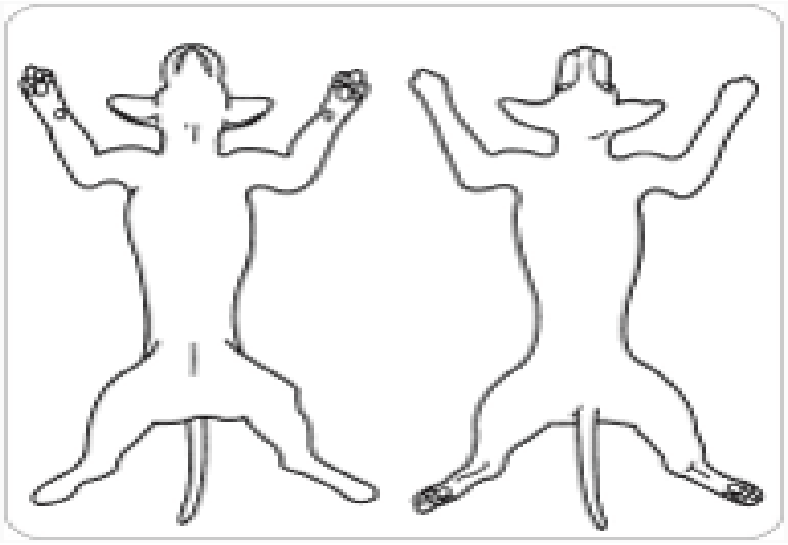
Vomiting? Yes ( ) No ( ) How many days? _____ White Yellow Pink Food History of Hairballs
History of eating toys/string

Diarrhea? Yes ( ) No ( ) How many days? _____ Watery Blood tinged Mucous Dark/Tarry Soft

Change in urination? Yes ( ) No ( ) Bloody Urine Increased frequency Increased amount produced Urinating out of box Smaller urine amounts more frequently Straining Vocalizing Accidents in home

Coughing or Sneezing? Yes ( ) No ( ) Moist Dry Honking Occurs at night Occurs during day Seasonal

Lumps and Bumps? Yes ( ) No ( ) (Please note on drawings where they are located)



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Any additional information:

Additional Services Requested: (Please circle) Heartworm Testing Acutherapy
Ear Cleaning Nail Trim Vaccination Update Fecal Microchipping Anal Gland Expression

I understand that by leaving my pet in hospital for treatment I am authorizing the attending veterinarian to examine my pet at the cost of $65.00 and that a hospitalization fee may or may not be charged depending on the circumstance.

I, the owner, understand the veterinarian will contact me after he/she has examined my pet to discuss recommended radiographs, diagnostics and treatments. I also understand that the veterinarian will be unable to proceed with any treatments until he/she has spoken directly with me and I have authorized this treatment and the charges associated with it. I authorize the hospital staff and veterinarians, in an emergency situation, to perform any additional procedures necessary for the well-being of my pet until further communication with me or my emergency contact. Payment is due at the time of discharge. I understand that follow-up examinations and additional treatments are not covered in today's costs. All patients entering the hospital must be current on all core vaccinations, unless here to receive today, or is medically contraindicated.
I understand that I will be charged for administration of a flea treatment if evidence of fleas is found during my pets stay here.

Signature of Owner_____Date_____
Witness _____Date_____