

**CHAMBERS CREEK VETERINARY HOSPITAL DROP-OFF EXAM  
ADMISSION FORM**

Drop Off Date: \_\_\_\_\_

*Please complete this form in its entirety prior to dropping your pet off for an examination.*

**Please describe 1) your pet's problem, 2) when it arose, and 3) whether you have been treating it at home (or if another veterinarian has treated your pet)**

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**Phone number where you can be reached:** \_\_\_\_\_

<b>Is your pet on medication?</b>	<b>YES</b>	<b>NO</b>	
	<u>DRUG NAME</u>	<u>DOSE</u>	<u>GIVEN TODAY?</u>

**What diet do you feed your pet?**

Brand \_\_\_\_\_ Dry / Canned

Amount Fed & Frequency \_\_\_\_\_

**When did your pet last eat?**

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**Does your pet have any previous medical history? (If previously seen by another veterinarian, please provide name and contact information of clinic.)**

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**Diagnostics/Treatment Policy:** *Our doctor will examine your pet in-between appointments as the doctor's schedule allows, then contact you with their findings and testing/treatment recommendations. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.*

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I will pay for any additional charges at the time of service.

\_\_\_\_\_ Please perform only necessary procedures up to \$\_\_\_\_\_ beyond the examination fee.

\_\_\_\_\_ Do not administer any medical treatment until authorization is given, even if emergency medical treatment/resuscitation is required. *I realize that withholding necessary medical treatment may negatively impact my pet's health.*

***If internal / external parasites (i.e. fleas, ticks, intestinal parasites) are found on your pet, they will be treated appropriately at your expense.***

Pets may be picked up only during regular business hours (Mon-Fri 7-6:30, Sat 8-4). Pets cannot be picked up on Sundays, holidays or after hours. **NO EXCEPTIONS!**

\_\_\_\_\_  
Client signature / authorized agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCVH staff member signature