



**PIEDMONT HILLS**  
ANIMAL HOSPITAL  
1265 Piedmont Road  
San Jose, CA 95135  
(408) 929-6767

# Drop Off Treatment Form

Patient \_\_\_\_\_ Owner \_\_\_\_\_ Date \_\_\_\_\_  
Breed \_\_\_\_\_ Sex M MC F FS Age \_\_\_\_\_

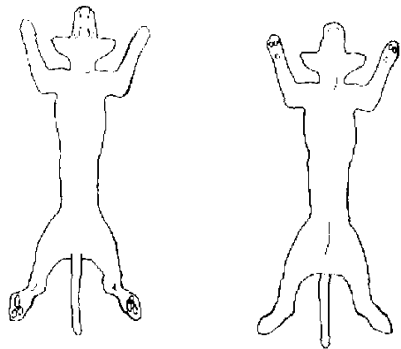
What will we be seeing your pet for today? \_\_\_\_\_

**Primary Complaints:**

- |   |   |                                   |   |   |  |                                   |
|---|---|-----------------------------------|---|---|--|-----------------------------------|
| <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Itching  | <input type="checkbox"/> Painful              | <input type="checkbox"/> Diarrhea         | <input type="checkbox"/> Coughing                | <input type="checkbox"/> Hairloss |
| <input type="checkbox"/> Growth/Lump          | <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Lethargic            | <input type="checkbox"/> Ears             | <input type="checkbox"/> Inappropriate Urination |                                   |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Anorexia       | <input type="checkbox"/> Eyes     | <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Lameness/Limping |  |                                   |
| <input type="checkbox"/> Increased thirst     | <input type="checkbox"/> Other: _____   |                                   |   |   |  |                                   |

If your pet has any unusual; lumps, bumps, wounds or skin irritation which you would like the doctor to address today, please note the location of each on the diagram. \_\_\_\_\_

Left (Back) Right      Right (Belly) Left



**Has your pet had an increase or decrease in any of the following: (Please circle one)**

- |                   |           |           |           |
|-------------------|-----------|-----------|-----------|
| <b>Drinking</b>   | Increased | Decreased | No Change |
| <b>Appetite</b>   | Increased | Decreased | No Change |
| <b>Urination</b>  | Increased | Decreased | No Change |
| <b>Defecation</b> | Increased | Decreased | No Change |
| <b>Weight</b>     | Increased | Decreased | No Change |

Was your pet fed today?  Yes  No      Time of meal? \_\_\_\_\_  
 Is your pet current on vaccinations? \_\_\_\_\_ Date give? \_\_\_\_\_  
 Any previous illness/surgery? \_\_\_\_\_  
 Is your pet on any medications/flea control? (list) \_\_\_\_\_  
 What is your pet's diet? \_\_\_\_\_  
 Has your pet been seen by another veterinarian for treatment? \_\_\_\_\_  
     May we call for records?  Yes  No      If yes, name of clinic? \_\_\_\_\_  
 Any other issues you would like addressed? \_\_\_\_\_

**Please read and initial ONE of the following:**

- \_\_\_\_\_ I authorize testing and treatment per estimate given and place no limit on additional charges/services deemed necessary by the veterinarian.
- \_\_\_\_\_ I authorize testing and treatment per estimate given and approve charges up to an additional \$\_\_\_\_\_.
- \_\_\_\_\_ Please call me with an estimate before performing any procedures not outlined on the estimate given. If I cannot be reached, I authorize additional treatments deemed necessary by the veterinarian.
- \_\_\_\_\_ Please call me with a revised estimate before performing any additional procedures not outlined on the estimate given. I understand that if I cannot be reached, my pet will receive NO treatments, except in the case of an emergency, other than those outlined on the original estimate.

**Please read and initial the following:**

\_\_\_\_\_ I hereby give my consent to Piedmont Hills Animal Hospital to perform an exam and treatment(s).

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone No. Today \_\_\_\_\_ Name of Contact \_\_\_\_\_

Alternate Phone No. 1) \_\_\_\_\_ 2) \_\_\_\_\_

**\*\*\* Note: There is a \$15.00 hospitalization charge for the day for all drop off exams \*\*\***