

# Westmoreland & Slaphey Animal Hospital, LLC

Web Address: www.westmorelandah.com

## DROP OFF RELEASE

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Yes No

\_\_\_\_ Did your pet eat this morning?  
\_\_\_\_ Is your pet on Heartworm Prevention? Refill needed? Brand? \_\_\_\_\_  
\_\_\_\_ Is your pet on flea prevention? Refill needed? Brand? \_\_\_\_\_  
\_\_\_\_ Has your pet been checked for intestinal parasites in the last 6 months?  
\_\_\_\_ Has your pet had any reaction to medications?  
\_\_\_\_ Has your pet had any reaction to vaccines?  
\_\_\_\_ Is your pet currently on any medications? If so, Name \_\_\_\_\_  
Dosage \_\_\_\_\_ Last Dose \_\_\_\_\_

Reason for visit: \_\_\_\_\_ vaccines \_\_\_\_\_ Chief Complaint \_\_\_\_\_

### Has your pet shown any signs of the following?

\_\_\_\_ Vomiting How long? \_\_\_\_\_  
\_\_\_\_ Diarrhea or blood in stool How long? \_\_\_\_\_  
\_\_\_\_ Listlessness/lethargy How long? \_\_\_\_\_  
\_\_\_\_ No appetite How long? \_\_\_\_\_  
\_\_\_\_ Weakness How long? \_\_\_\_\_  
\_\_\_\_ Coughing How long? \_\_\_\_\_  
\_\_\_\_ Gagging How long? \_\_\_\_\_  
\_\_\_\_ Scratching How long? \_\_\_\_\_  
\_\_\_\_ Seizures How long? \_\_\_\_\_  
\_\_\_\_ Shaking Head How long? \_\_\_\_\_  
\_\_\_\_ Scooting How long? \_\_\_\_\_  
\_\_\_\_ Urinating More or Less? How long? \_\_\_\_\_  
\_\_\_\_ Drinking More or Less? How long? \_\_\_\_\_  
\_\_\_\_ Limping? Which Leg? \_\_\_\_\_ How long? \_\_\_\_\_  
\_\_\_\_ Weight Loss or Gain? \_\_\_\_\_  
\_\_\_\_ Unusal Lumps or Bumps? Where? \_\_\_\_\_

### Tests and Services to be done during this visit:

\_\_\_\_ Intestinal Parasite Exam  
\_\_\_\_ Deworm if needed  
\_\_\_\_ Heartworm Test  
\_\_\_\_ FELV Test  
\_\_\_\_ FIV Test  
\_\_\_\_ Bath  
\_\_\_\_ Puppy/Kitten Wellness  
\_\_\_\_ Annual Wellness Visit

\_\_\_\_ Anything else we need to know?  
\_\_\_\_\_  
\_\_\_\_\_

May we sedate/anesthetize your pet if necessary? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Call you first  
Phone number where you may be reached today \_\_\_\_\_

### Owner Release:

I hereby authorize Westmoreland & Slaphey Animal Hospital, LLC to examine, prescribe or treat my pet as set forth above or as deemed necessary by the veterinarians, and I understand that any problem that develops with my pet while I am absent will be treated as considered best by the staff veterinarians. I agree to assume full responsibility for treatment expenses involved and to pay the fees for all services rendered at the time my pet is discharged from the hospital. I will not hold Westmoreland & Slaphey Animal Hospital, LLC and staff liable for any problems.

Signature \_\_\_\_\_

Date \_\_\_\_\_