MARCH
ANIMAL HOSPITAL
1000 E. Central Road
Arlington Heights, IL. 60005
847-670-8470 FAX: (847) 670-8602

Drop Off/Hospitalization Form

Please print and fill out form. Bring completed form with you at the time of drop-off.

Owners Name_____ **Date**_____

Pet's Name_____

Medical Evaluation Type: _____

We have arranged for you to leave your pet here, to allow the doctor to examine your pet as soon as it is possible today. Please fill out the following information.

What medications is your pet taking, and when where the medications last given? Please include vitamins and supplements.

_____
_____

What is your pet's diet?_____
When did your pet eat last?_____

Has your pet's appetite: decreased?_____ increased_____ unchanged_____

Has your pet's water intake: decreased?_____ increased_____ unchanged_____

Is your pet vomiting?_____
If so, when did it begin and how often does it occur?_____
Is your pet having diarrhea?_____
If so, when did it begin and how often does it occur?_____

Do you feel your pet is lame or experiencing pain?_____
When did this first occur?_____

Other services you would like today: Circle all that apply.

Check Ears Anal Glands Nail Trim Heartworm Test Vaccinations Check Skin

Other:_____
_____
_____
_____

I am the owner/authorized agent for the above named animal, and authorize an examination/treatment for my pet. I understand pain medication will be provided if deemed reasonable. I understand the doctor will contact me after the examination to discuss recommended diagnostics and treatment. I understand a Capstar (flea treatment) is mandatory and will be given to my pet upon admission to the hospital and I understand there is a fee for the treatment.
I agree to pay, for services rendered, including those deemed necessary for medical or unforeseen circumstances. If unforeseen conditions arise, in the judgment of the attending veterinarian a call for authorization of procedures or treatments other than those now being authorized will be made. In an emergency situation life saving treatment may begin before owner can be contacted.

I have read and understand this consent.

Owners Signature_____ Date_____

Phone number where I can be reached today_____