

# Baldwin Animal Clinic Drop Off Form

(please complete front and back of all forms)

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the significant problems that apply to your pet and prioritize by number

- Coughing
- Itching
- Lethargic
- Losing weight
- Vomiting \_\_\_\_\_ times/day
- Diarrhea
- Limping: front rear right left
- Difficulty urinating
- Difficulty defecating
- Eye discharge
- Nose discharge
- Sneezing
- Shaking head
- Scratching ear(s): right left
- Having seizures \_\_\_\_\_ times per d/w/m
- Other \_\_\_\_\_

How long has your pet displayed these problems?

\_\_\_\_\_

Describe your pet's appetite and drinking habits

\_\_\_\_\_

Describe your pet's urine and bowel habits

\_\_\_\_\_

What are you currently feeding your pet?

Dry food, which brand? \_\_\_\_\_

Canned food, which brand? \_\_\_\_\_

People food \_\_\_\_\_

Is this a recent change? Y / N

If yes, what were you previously feeding? \_\_\_\_\_

\_\_\_\_\_

Where does your pet spend his/her time?

- Only indoor (never outside)
- Mainly indoor
- Mainly outdoor
- Leash walk neighborhood or visit dog park

Brand Heartworm preventative: \_\_\_\_\_

Date of last dose: \_\_\_\_\_

Brand Flea preventative: \_\_\_\_\_

Date of last dose: \_\_\_\_\_

Is your pet currently receiving any other medications? Please list medications and daily doses: \_\_\_\_\_

In order to diagnose your pet's condition, your pet may require lab tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the doctor feels it is warranted? Please initial below:

\_\_\_\_\_ Yes, proceed with any doctor recommended diagnostic testing.

\_\_\_\_\_ No, contact me prior to performing any diagnostic testing.

It is very important that we are able to contact you if we have questions regarding your pet. Failure to be reached may result in postponement of treatment.

Number you can be reached today \_\_\_\_\_

Alternate contact \_\_\_\_\_

Please list any other comments or questions you have for the doctor

Please indicate any other services you would like today:

Update vaccinations

Microchip

Trim nails

Refill medications \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\* Even in the most hygienic, well ventilated, spacious dog facilities the possibility of a pet catching "kennel cough" exists. Kennel cough and other respiratory illnesses can be acquired from your neighbor's dog, dog parks, as well as the sidewalk that runs in front of your home. Your vaccinated pet can STILL pick up kennel cough even after receiving the Bordetella vaccine. Much like the common cold or flu there are many variations to kennel cough and some are covered by the vaccine while others are not. Be aware that Kennel Cough is a nation wide issue right now and though we require all animals staying in our facility to be vaccinated, and routinely disinfect the facility we are still battling this.

I, the undersigned owner or designated agent, hereby authorize Baldwin Animal Clinic (hereinafter "Hospital") to board/ hospitalize my pet. I also hereby authorize the Hospital to perform the service I requested while my pet is boarding/ hospitalized. The hospital will attempt to notify the owner if the pet becomes ill while in the facilities care. If the owner does not inform the hospital otherwise regarding measures to be taken, or if the state of the animal's health reasonably demands quick action in the opinion of the veterinarian, the hospital

will administer medical and /or surgical treatment as needed, for which the owner is financially responsible, until the owner can be notified.

As the owner of the said animal, I realize that I am responsible for the boarding fees, and any associated costs, and for the payment of services I requested and that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-up date, the hospital will assume the animal is abandoned. If the animal is abandoned, the hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand that Baldwin Animal Clinic is not held responsible for the lost personal items (blankets, toys, ect.) while my pet is hospitalized.

I also understand and acknowledge that the hospital is not staffed 24 hours a day.

**Signature:**

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**Date:** \_\_\_\_\_

Emergency Contact Number(s):

**Payment Information:**

Credit Card #: \_\_\_\_\_

CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_