



# PET DROP-OFF EXAM INFORMATION

6231 East 15<sup>th</sup> Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone

(918) 835-2473 Fax

15thstvet@tulsacoxmail.com

## CLIENT INFORMATION

OWNER	PHONE NUMBER WHERE YOU CAN BE REACHED <u>TODAY</u>	
PET'S NAME	CANINE / FELINE (circle one)	AGE-YRS
IF YOU ARE <u>NOT</u> THE OWNER OF THIS PET, PLEASE LIST YOUR NAME AND RELATIONSHIP TO OWNER		Time at drop off
NAME _____		Estimated time pick up
<input type="checkbox"/> SIGNIFICANT OTHER <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> FRIEND <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER_Specify		

## HISTORY and SYMPTOMS

LIST OF CONCERNS

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DESCRIBE SYMPTOMS IN DETAIL INCLUDING LOCATION, COLOR OR INCITING FACTORS

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LENGTH OF TIME PET HAS DISPLAYED SYMPTOMS

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LIST ANY MEDICATIONS or DIETARY SUPPLEMENTS YOUR PET IS ON OR HAS GOTTEN RECENTLY

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## AUTHORIZATIONS and ACKNOWLEDGEMENTS

I acknowledge and understand there is a fee for day boarding/hospitalization, due upon discharge, for all patients dropped off at 15th Street Veterinary Group. I also acknowledge and understand that all animals found to have an existing flea problem will be treated with an appropriate flea product at my expense.

### Diagnostics/Treatment

If medically indicated, I authorize 15<sup>th</sup> Street Veterinary Group to perform the following **before** notifying me:

- BLOOD WORK  
 INTRAVENOUS FLUIDS  
 URINALYSIS  
 X-RAYS  
 ULTRASOUND  
 ADMINISTER MEDICATION

OR

- NONE OF THE ABOVE WITHOUT NOTIFICATION

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE