



Northrock Hospital for Animals - Drop off check-in form

Bryan Weidler, DVM
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Libby Stricker, DVM
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Date: _____

Client Name: _____ Pet Name: _____

Contact number(s): _____

Reason for visit: _____

How long have you noticed these symptoms? _____

How frequent are these symptoms occurring? _____

Are the symptoms improving, getting worse or the same? _____

Do you authorize labwork if needed? Yes / No

Do you authorize X-rays if needed? Yes / No

Have you noticed any of the following?	Please Circle		For how long?
Vomiting	Yes	No	_____
Diarrhea/Loose stools	Yes	No	_____
Weight loss	Yes	No	_____
Weight gain	Yes	No	_____
Increased urination/Leaking	Yes	No	_____
Coughing/Hacking	Yes	No	_____
Sneezing/ Nasal discharge	Yes	No	_____
Eyes- discharge/redness/squinting	Yes	No	_____
Limping/ lameness/ stiffness (which leg)	Yes	No	_____
Lumps/bumps/growths (where)	Yes	No	_____
Skin/Hair coat changes (where)	Yes	No	_____
Itching/Licking/Chewing (where)	Yes	No	_____
Shaking head/scratching at ears	Yes	No	_____

Appetite: Increased Decreased No change

Drinking: Increased Decreased No change

Activity level: Increased Decreased No change

What medications or supplements do you give your pet? _____

I hereby authorize the Northrock Hospital for Animals to perform such diagnostic, and therapeutic services as are in their opinion, necessary and advisable for treatment and maintenance of the above stated animals' health and welfare.

The nature of such services has been described to me to my satisfaction and while I accept all services to be done to the best of the abilities of the professional staff, I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

I also authorize the veterinarian on duty to provide veterinary service as requested or in emergency circumstance to follow through with such procedures as are necessary for the well being of my pet.

I understand that I assume all financial responsibility for services and payment is due in full upon services rendered.

Signature: _____

Date: _____

