

Lake Harriet Veterinary

4249 Bryant Ave S/ Minneapolis, MN. 55409

612.822.1545

DROP OFF FORM FOR PATIENTS HOSPITALIZED OR ADMITTED FOR NON SURGICAL PROCEDURES

Client/Owner: _____ Patient name: _____

Date: _____

Reason(s) for admittance to hospital: _____

Please list your pet's diet or food, and any medications or supplements currently given:

Are any of the following symptoms present?

Vomiting Yes/No If Yes, how long Describe:

Diarrhea Yes/No If Yes, how long Describe:

Itching Yes/No If Yes, how long Describe:

Excessive Thirst Yes/No If Yes, how long Describe:

Excessive Urination Yes/No If Yes, how long Describe:

Difficulty Urinating Yes/No If Yes, how long Describe:

Bad Breath Yes/No If Yes, how long Describe:

Poor Appetite Yes/No If Yes, how long Describe:

Weight Loss Yes/No If Yes, how long Describe:

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Coughing	Yes/No	If Yes, how long	Describe:
Difficulty Moving	Yes/No	If Yes, how long	Describe:
Limping	Yes/No	If Yes, how long	Describe:
Weakness	Yes/No	If Yes, how long	Describe:
Hair Loss	Yes/No	If Yes, how long	Describe:
Flaking Skin	Yes/No	If Yes, how long	Describe:
Behavior Problems	Yes/No	If Yes, how long	Describe:
Other	Yes/No	If Yes, how long	Describe:

I hereby authorize the staff of Lake Harriet Veterinary to examine, treat, and prescribe medications for the above described pet. I assume responsibility for all charges incurred in the care of this animal at Lake Harriet Veterinary on this date. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of owner: _____

Phone number(s) (where best reached today): _____

Items brought with pet today (describe): _____