

# LAKE CUMBERLAND ANIMAL HOSPITAL

## -We Care-Pet Care-

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### DROP OFF EXAM ADMISSION

Client \_\_\_\_\_ Patient \_\_\_\_\_ Date \_\_\_\_\_

Describe the problem: \_\_\_\_\_

\_\_\_\_\_

When did it first begin? \_\_\_\_\_

Has it gotten (please circle): Better          Worse          Stayed the same since then

Any (please circle): Coughing    Sneezing    Vomiting    Diarrhea    Lethargy  
Not eating

Any prior treatment? \_\_\_\_\_

What amount, type and brand of food does the animal eat? \_\_\_\_\_

Does the animal eat table scraps? If so, what kind? \_\_\_\_\_

Do you have any questions for the doctor? \_\_\_\_\_

\_\_\_\_\_

Do we have permission to perform fecal, bloodwork, x-rays, etc. if necessary? \_\_\_\_\_

Do we need to call you with an estimate before starting treatment or performing any procedures other than listed above? \_\_\_\_\_

What time will you be picking up your pet today? \_\_\_\_\_

At what numbers can we contact you today? \_\_\_\_\_

Owner's Signature \_\_\_\_\_