

Loudoun Valley Animal Hospital Drop-off Form

Owner's Name _____ Pet's Name _____

If LVAH is not your regular veterinarian, who is your regular veterinarian? _____

What is the current problem with your pet? _____

How long has this been going on? _____

On a scale of 0 to 10, where would you rate your pet's pain? _____

How has your pet been eating? (circle one) Normal Increased Decreased
What kind of food and how much? _____

How has your pet been drinking? (circle one) Normal Increased Decreased

Has there been any vomiting or diarrhea? _____ If so, for how long? _____
Have you noticed any blood or black, tarry material? _____

How would you characterize your pet's urination? (circle one)
Normal Increased Decreased Painful Straining Not Urinating

Is your pet on any medications? _____ If so, what kind and what dosage? (please list)

Date of last vaccine for... Rabies? ____ Distemper? ____ Lyme? ____ Bordetella? ____ FeLV? ____
Has your pet had any prior vaccine reactions or drug reactions? If so, Explain.

Does your pet have any chronic health issues? _____

Has your pet gotten into anything abnormal recently (garbage, dead animal, over-the-counter or prescription medications, rat/mouse poison, antifreeze, chocolate, grapes, raisins, onions, garlic, etc.)?
_____ If so, how much was eaten and how long ago? _____

Following my pet's examination, please call me at this phone number: _____

In the case you cannot be reached by phone, how would you like us to proceed in the case of a life-threatening emergency situation?

- ___ Please DO NOTHING until I am reached.
- ___ Please PERFORM LIFE-SAVING procedures but nothing else until I am reached.
- ___ Please USE PROFESSIONAL JUDGMENT and proceed accordingly.
- ___ I give permission to LVAH to walk my pet outside of the hospital if needed

Signature of Pet Owner _____ Date _____