



CEDAR RIDGE ANIMAL HOSPITAL
1102 E 23rd STREET
INDEPENDENCE, MO 64055
(816)833-1300



Sick Animal Drop Off Release

Owner's Name: _____ Pet's Name: _____

- Prior History:
- | | |
|--|---|
| <p><u>Cats</u></p> <p><input type="checkbox"/> FVCRP</p> <p><input type="checkbox"/> FeLV</p> <p><input type="checkbox"/> Rabies</p> | <p><u>Dogs</u></p> <p><input type="checkbox"/> DHP-Parvo</p> <p><input type="checkbox"/> Bordetella</p> <p><input type="checkbox"/> Rabies</p> <p><input type="checkbox"/> Heartworm Test</p> |
|--|---|

| Yes | No |
|-----|----|
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- Did your pet eat this morning? _____
- Is your pet drinking? _____
- Has your pet been checked for intestinal parasites in the last 6 months? _____
- Has your pet ever had a reaction to any medications? _____
- Has your pet ever had a reaction to any vaccines? _____
- Has your pet ever had a reaction to anesthesia? _____
- Is your pet on monthly heartworm preventive? _____
- Is your pet on monthly flea and tick preventive? _____
- Is your pet currently on any medications? Name _____ Dosage _____

Has your pet shown any signs of the following?

- | | |
|--|--|
| <input type="checkbox"/> Vomiting? How Long? _____ | <input type="checkbox"/> Scratching? How Long? _____ |
| <input type="checkbox"/> Diarrhea? How Long? _____ | <input type="checkbox"/> Shaking Head? How Long? _____ |
| <input type="checkbox"/> Loss of Appetite? How Long? _____ | <input type="checkbox"/> Seizures? How Long? _____ |
| <input type="checkbox"/> Loss of Energy? How Long? _____ | <input type="checkbox"/> Urinating? More or Less than usual? |
| <input type="checkbox"/> Weakness? How Long? _____ | <input type="checkbox"/> Limping? Which Leg? _____ |
| <input type="checkbox"/> Coughing? How Long? _____ | <input type="checkbox"/> Weight Loss/Gain? _____ |
| <input type="checkbox"/> Gagging? How Long? _____ | <input type="checkbox"/> Unusual lumps or bumps? _____ |

Chief Complaint: _____

May we sedate/anesthetize your pet if necessary? Yes No

Anything else we need to know: _____

Owner Release:

By signing this form I agree that Cedar Ridge Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. Cedar Ridge Animal Hospital and its entire staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that I am fully responsible for any and all charges accrued by my pet while in the care of Cedar Ridge Animal Hospital. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged and services are complete. I agree to pay for costs of collection, attorney fees, and court costs in the Jackson County in the event that collection efforts become necessary. I am hereby notified that if I neglect to pick up my pet within 5 days of the date below and do not make prior arrangements, Cedar Ridge Animal Hospital will assume that the pet is abandoned and are authorized to dispose of the pet as deemed necessary.

Signature: _____ Date: _____

Phone Number: _____