

2035 McGregor Blvd. Ft. Myers, FL. 33901 Tel: (239) 689-3525

	Dro	op Off Exam Consent	Form	
	O۱	wner/Patient Informa	ation	
Today's Date:	Last Name:		First Name:	
Street Address:	L			
City, State, Zip:				
Telephone Number				
Pet's Name:		Is this a new patient for Edison Park Animal Hospital: Yes No		
Ocanine O Feline		Birth date or approximate age:		
Breed of pet		Color: Special Marking:		
Is your pet microchipped? () Yes	○ No			
		Reason for visit		
Annual Exam with Vaccines		Health Concerns		
<u>Plea</u>	se che	ck any symptoms your p	et is showing:	
My pet is doing great, we have	e no hea	alth concerns		
Biting/scratching skin	\bigcirc S	haking/scratching head/ears	Odor coming from ears	
○ Diarrhea	\bigcirc B	lood in feces	Odor coming from mouth	
○ Straining to defecate	Not defecating		Lump/bump on body	
O Decreased appetite	○ Not drinking		located	
○ Vomiting	O Painful		Increased appetite	
○ Increased Urination	Increased drinking		Limping	
O Decreased urination	○ No appetite		Straining to urinate	
Open wound	○ Vomiting		○ Coughing	
○ Sneezing	\bigcirc 0	ther, please list:		
When did you first notice this pr	oblem?			
How much do you feed? How often? Once a day Twice a day Free feed				
What treats do you give your pe	t?			
Does your pet get any table scra	ps? () Y	es No		
Is your pet prescribed any medic	cation(s)	? ○ Yes ○ No / If yes, for v	what reason?	
Please list the medication(s)				

How much medication(s) do you give your pet?	
Va	ccines Due
Canine: ○ DA2P ○ Lyme ○ Leptospirosis ○ Bordetella ○ Rabies	Feline: FVRCP Leukemia Vaccine Rabies
Tes	ts/Services
○ Heartworm test ○Fecal Exam ○ Labwork○ Anal Gland Expresssion ○ Ear cleaning ○ Bath	FELV/FIV test Nail Trim
Re	efills/Products
○ Yes ○ No	rtworm, flea and tick prevention at time of check out? other products you may need when you pick up your pet
Do you have health insurance for your pet? OY	′es ○ No
Would you be interested in health insurance for	your pet? O Yes O No
full upon the pet's release from the hospital. Card, American Express, Cash, Care Credit and not have any payment plans.	•
Owner/ Agent Signature:	Date:
Best telephone number you can be reached	at:
Alternate telephone number:	
Office use only: Receptionist: Admitting Tech:	Doctor:Discharge Tech: