

**WASHINGTON STATE UNIVERSITY
VETERINARY TEACHING HOSPITAL
DROP OFF QUESTIONNAIRE**

Today's Date:

Time:

HISTORY

What is your pet being dropped off for today?

What is the duration of the problem? _____

Is there any other pertinent history that you think we might need to be aware of concerning your pet?

Do you have any other pets at home that are showing similar symptoms? _____

What does your pet eat? _____

Is he/she on a regular feeding schedule or do you free feed? _____

Has your pet eaten today? _____

AUTHORIZATION PORTION (Please Initial)

_____ I authorize sedation/anesthesia for my pet should it be necessary for diagnosis/treatment of the current problem

_____ I authorize laboratory tests as needed for the diagnosis of this problem

_____ I Authorize Resuscitation (\$_____._____ fee will be assessed for closed chest resuscitation to include all supplies and medication used during the procedure)

_____ I DO NOT Authorize Resuscitation

_____ I understand that I will be contacted regarding charges and further workup after the case has been assessed

CONTACTS

Phone Number

Times Available

Owner's Signature

Date

Drop Off