



# Morena Pet Hospital

1540 Morena Blvd. • San Diego, CA 92110 • 619.275.0888

## Drop-off Registration Form

Welcome!

### Client Information

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note changes to any of the following:**

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_

Sex: \_\_\_\_\_  Spayed  Neutered At What Age? \_\_\_\_\_

Describe Your Pet's Diet: \_\_\_\_\_

Please list any dietary supplements or medications that your pet is currently taking: \_\_\_\_\_

For Cats (please circle):  Indoor only  Outdoor  Indoor & outdoor

Primary reason for today's visit: \_\_\_\_\_

### Please check any symptoms or problems that you've noticed with your pet:

- Appetite Change  Gagging  Skin problems
- Behavioral Changes  Gums Bleeding  Sneezing
- Breathing Problems  Limping  Thirst
- Coughing  Loss of Balance  Urination Increase
- Depression  Scooting  Vomiting
- Diarrhea  Scratching  Water intake change
- Eye Problem  Shaking Head  Weakness

Comments or questions regarding your pet's health: \_\_\_\_\_

### Vaccination and Treatment History (indicate and date all your pet has received):

- Heartworm test \_\_\_\_\_  FeLV/FIV test (cat)  Prior Surgery \_\_\_\_\_
- Heartworm prevention  FVRCP (cat) \_\_\_\_\_  Prior Illness \_\_\_\_\_
- Corona (dog) \_\_\_\_\_  FeLV vacc. (cat) \_\_\_\_\_  Fecal \_\_\_\_\_
- DHPP (dog) \_\_\_\_\_  FIP (cat) \_\_\_\_\_  Microchip \_\_\_\_\_
- Bordetella (dog) \_\_\_\_\_  Dental \_\_\_\_\_  Other \_\_\_\_\_

Rabies \_\_\_\_\_  Advantage®/Frontline®/Program® (Please circle)

As a part of your pet's **preventative health program**, we recommend that all animals be kept current on vaccinations, flea control should be provided for exposed pets, fecal checks should be performed at least yearly, dogs should be on monthly heartworm preventative year-round (with heartworm tests re-checked every two years), and most dogs and cats will need yearly dental cleanings.

For animals who are 6 years of age or older, we recommend an annual blood screen and urinalysis to evaluate red and white blood cell counts and organ function. We also recommend pre-anesthetic blood screening before any anesthetic procedure. If your pet is 6 years of age or older, would you like a blood panel performed for your pet?  yes  no  don't know

If your pet is to be anesthetized, we recommend a pre-anesthetic blood screen. The total cost for the blood test is \$61-\$80, depending on the extent of the screen. Would you like us to run this test?  
 yes, please run a diagnostic profile (\$80)  yes, please run a prep profile(\$61)

If your pet is here for an anesthetic procedure, would you like a dental cleaning performed at the same time, health permitting?  yes  no  don't know

For patients that are to be dropped off for treatments and/or surgery, please indicate your preferences below. Diagnostic tests and treatments will be determined based upon your answers to the preceding questions and the doctor's physical exam findings. Please indicate and initial appropriate box with your preference below. Please check **one**.

\_\_\_\_\_  Please perform any necessary diagnostics and treatments indicated for the care of my pet until someone can be reached.  
\_\_\_\_\_  I authorize up to  \$100  \$200  Other \_\_\_\_\_ for the treatment of my pet.  
\_\_\_\_\_  Do not administer any treatments until specific authorization is given. **\*\*Note\*\*** Be advised that if we are unable to reach you when authorization is needed, whatever measures are deemed necessary will be taken to ensure your pet's health is not compromised while staying with us. We will make every effort to control costs in this situation should it arise and urge you to be available or to check in frequently in case we are trying to reach you. In any event, you will be held liable for the charges incurred

Any pets that are flea laden will be given a capstar tablet. This is an additional cost and is done in order to minimize fleas in our hospital.

## Authorization

\_\_\_\_\_ I hereby authorize the veterinarian to examine, prescribe for, or treat the pet described above. I assume responsibility for all charges incurred in the care of the animal. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

I have read, understand, and agree to the preceding drop-off form.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_