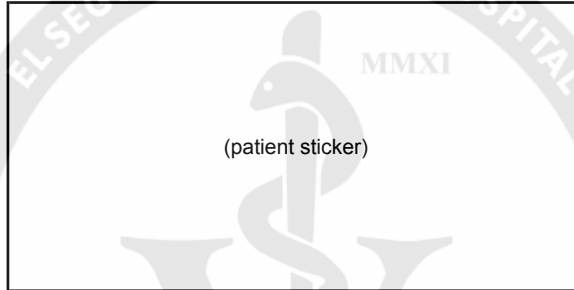


EL SEGUNDO ANIMAL HOSPITAL

240 Center Street
 El Segundo, CA 90245
 email: reception@elsegundoah.com
 phone: (310) 606-8811
 fax: (310) 321-3446

DROP OFF FORM



Please answer the following questions to the best of your ability.
 If there are any changes in your pets behavior, please explain. Thank you.

| | | | |
|--|-----------|------------|------------|
| Appetite? (please circle) | Decreased | Increased | Normal |
| Coughing? | Yes / No | How long? | How often? |
| Diarrhea? | Yes / No | How long? | |
| Energy Level? | Decreased | Increased | Normal |
| Limping? | Yes / No | Which leg? | Reason? |
| Scratching? | Yes / No | How long? | How often? |
| Shaking head? | Yes / No | How long? | |
| Vomiting? | Yes / No | How long? | How often? |
| Water intake? | Decreased | Increased | Normal |
| Please add any other information you would like the doctor to be aware of: | | | |

May we sedate your pet if necessary? (please circle) Yes / No / Call me first Initial: _____

- I authorize treatment of up to \$200.
- I authorize treatment of up to _____.
- I request the doctor call me prior to any treatment.
- I authorize any and all treatment the doctor deems necessary.

| Client Signature | Date |
|--------------------|--------------------------|
| Phone: | Cell: |
| Alternate Contact: | Alternate Contact Phone: |