

1029 Sarno Rd  
Melbourne, FL 32935

# Sarno Animal Hospital Drop-Off Release

Phone: (321) 254-1754  
Fax: (321) 757-0351

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Prior History

### Cats

### Dogs

#### Current

#### Update Today

#### Current

#### Update Today

- FVCRP
- Feleuk
- Rabies
- Fecal
- FLBT/FIV Test

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- DHP-Parvo
- Bordetella
- Rabies
- Heartworm Test
- Lepto
- Lyme
- Fecal

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- |                          |                          |
|--------------------------|--------------------------|
| <b>Yes</b>               | <b>No</b>                |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |

- Did your pet eat this morning?
- Is your pet on **Heartworm Prevention**? Refill? \_\_\_\_\_
- Is your pet on **Flea Prevention**? Refill? \_\_\_\_\_
- Has your pet been checked for intestinal parasites in the last year?
- Has your pet had any reaction to Medications?
- Had your pet had any reaction of Vaccines?
- Had your pet had any reaction of Anesthesia?
- Is your pet currently on and medication? Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

<b>Pre-op Exam:</b>	<b>Temp:</b> _____	<b>Weight:</b> _____	<b>Admitting Tech Initials:</b> _____
<b>Norm</b>	<b>Abn</b>	<b>Norm</b>	<b>Abn</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ears		Skin
	Teeth		Nails
			Fleas Present
			Decidupis Teeth Present

**Vaccines**       **Chief Complaint:** \_\_\_\_\_

### History:

- Has your pet shown any sign of the following:
- Vomiting? How Long? \_\_\_\_\_
  - Diarrhea? How Long? \_\_\_\_\_
  - Listless? How Long? \_\_\_\_\_
  - No Appetite? How Long? \_\_\_\_\_
  - Weakness? How Long? \_\_\_\_\_
  - Coughing? How Long? \_\_\_\_\_
  - Gagging? How Long? \_\_\_\_\_
  - Scratching? How Long? \_\_\_\_\_
  - Shaking Head? How Long? \_\_\_\_\_
  - Scooting? How Long? \_\_\_\_\_
  - Seizures? How Long? \_\_\_\_\_
  - Urinating? More or less than usual?
  - Drinking? More or less than usual?
  - Limping? Which Leg?
  - Weight loss or gain? \_\_\_\_\_
  - Unusual lumps or bumps? \_\_\_\_\_

### Test & Services:

- To be done during this visit:**
- Physical Exam
  - Intestinal Parasite Exam
  - Deworm
  - Heartworm Test
  - FLBT/FIV Test
  - Bloodwork
  - Radiographs
  - Other: \_\_\_\_\_
  - Anything else we need to know: \_\_\_\_\_

- Puppy/Kitten
- Wellness Visit
- Annual Wellness Visit

**May we sedate/anesthetize your pet if necessary?**  
**Phone Number we can reach you at today?**

Yes       No       Call you first

### Owner Release:

You are to use all reasonable precaution against injury, escape, or death of your pet. The clinic and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this pet is abandoned and are hereby authorize to dispose of the pet as you deem best and/or necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_