



Brookstone Animal Hospital

5410 Brookstone Drive NW

Acworth, GA 30101

Main: (770)628-0651

Fax: (770)628-0653

Patient Drop Off Form

Client ID:
Client Name:
Address:

Patient ID:
Patient:
Species:
Breed:
Sex:
Color:

Phone Number:

Name of Receptionist who helped you at check in?

We may need to contact you or someone with permission to make medical and financial decisions. Please provide the best contacts or a secondary contact other than the number listed above.

Name: _____ **Secondary Phone #** _____

Reason for visit? _____
Please describe any specific problems you would like the doctor to address: _____

Any coughing/sneezing/vomiting/diarrhea? _____ If so, for how long? _____

Has your pet been drinking more water or urinating more frequently? _____ If so, for how long? _____

Do you take your dog swimming, on hikes, or in the woods? Yes No N/A

Does your cat go outside? Yes No N/A

Does your pet do the following: Boarding Grooming Dog Parks None Other _____

Do you give flea/tick prevention to your pet? No Yes, Brand(s) _____ Date last given? _____

Do you give heartworm prevention to your pet? No Yes, Brand(s) _____ Date last given? _____

If your pet is due for heartworm or flea prevention, would you like us to refill your prescription?

Owner accepts; **How many would you like us to refill?** _____

Owner declines

When did your pet last eat? (date & time) _____

What type of food do you feed your pet? _____ How much do you feed? _____

Any increase or decrease in appetite? _____

List any medication(s) and/or supplements, as well as instructions, that your pet is currently taking.

1. _____
2. _____
3. _____
4. _____

Has your pet had these medication(s) today? Yes, which ones and at what time? _____
 No

Do you need any refills of these? Yes, which ones, how much? _____ No

May we sedate your pet if necessary for medical treatment? Yes No Call you first

The cost of sedation is \$40/cat and \$60/dog.

May we use your animal's picture on our website and/or in our social media sites? _____

I hereby authorize the veterinarians at Brookstone Animal Hospital to examine, prescribe and treat my pet as set forth above or as they deem necessary. I agree to assume full responsibility for treatment expenses involved and to pay the fees for all services rendered at the time my pet is discharged from the hospital.

Client Signature: _____ Date: _____

CONSENT FOR CPR

I understand that while my pet is under the care of Brookstone Animal Hospital a rare life-threatening complication, such as respiratory and/or cardiac arrest, may occur. This complication may require cardiopulmonary resuscitation (CPR). If my pet stops breathing or its heart stops beating, I realize even the most successful CPR may not restore him/her to good mental and physical health. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. In spite of the limited likelihood of success from CPR treatment, by checking one of the following choices, I hereby request:

Yes, perform CPR on my pet if doctor deems necessary (\$50 service charge)

No, do not attempt to resuscitate my pet

I accept that if hospital staff members are unable to reach me within 20 minutes after the initiation of CPR, and after administering reasonable treatment and there appears to be virtually no hope for medical success, CPR will be withdrawn and my pet will be humanely euthanized. I am providing the hospital with phone numbers at the top of this form at which I can be reached in the event of a decline in my pet's condition.

Client Signature: _____ Date: _____