



# Abshier-Meuth ANIMAL HOSPITAL

8536 N Hwy 146 Baytown, Tx 77523  
281-383-3254

## Drop-off Intake and History Form

**Pet's name:** \_\_\_\_\_

Please give name and contact information of the owner that will be available to receive calls TODAY from our veterinarian and staff.

Owner's name \_\_\_\_\_

First Contact Phone Number \_\_\_\_\_ Second Phone Number \_\_\_\_\_

Preferred method of contact: Phone call  Text  Email  Email address: \_\_\_\_\_

\*Please indicate if there is a specific time you prefer to be contacted, or a specific time that you are NOT available: \_\_\_\_\_

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Reason for visit today: \_\_\_\_\_

What is the medical concern? Choose all that apply:

- Gastrointestinal upset (vomiting/diarrhea/poor appetite)
- Respiratory disease (coughing, sneezing, difficulty breathing)
- Urinary abnormalities (frequent urination, painful urination, blood in urine, straining to urinate)
- Skin or ear concerns (head shaking, itching/chewing at skin, scooting)
- Limping
- Painful (tense belly, yelping when touched)
- Wound (bite wound, laceration, abscess)
- Eye concerns (eye discharge, red eye, squinting)
- Unsure (lethargic, not acting themselves, no specific symptoms)
- Other \_\_\_\_\_

Please describe your concerns about your pet and the duration of these symptoms: \_\_\_\_\_

\_\_\_\_\_

Has your pet had this condition / concern in the past? \_\_\_\_\_

Does your pet live indoor only, outdoor only or both? \_\_\_\_\_

Has your pet had any recent changes in their routine (grooming/boarding, travel, household additions, etc.)? If so, please explain \_\_\_\_\_

Please list your pet's current diet: (include table foods, treats, etc.) \_\_\_\_\_

\_\_\_\_\_

Please list all of your pet's current medications including any OTC products you have given in the last 48 hours: -

\_\_\_\_\_

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**Consent to proceed with Diagnostic Testing and/or Treatments:** I understand that the veterinarian may recommend diagnostic tests such as bloodwork or radiographs to determine the cause of my pet's illness, as well as treatments such as fluid therapy or medications. Following my pet's exam, I authorize up to \$ \_\_\_\_\_ in diagnostic testing and/or treatments prior to needing additional consent. (If you enter \$0, you will be contacted you prior to any additional testing or treatments).

X \_\_\_\_\_

Date: \_\_\_\_\_